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ORIGINAL ARTICLES.

ABDOMINAL HYSTERECTOMY.*

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Mr. President and Members of this Society:

The honor your President conferred upon me when he invited me to read a paper before you on "Abdominal Hysterectomy," and your courtesy in listening to me, I fully appreciate, but I assure you that I feel most keenly my responsibility in endeavoring to present for your consideration in the short time allowed a single speaker, so broad a subject, and one of such vital importance to us as gynecologists.

No branch of the art and science of surgery has made such rapid strides towards perfection in the past decade as that of abdominal surgery, and in no department have we accomplished seemingly greater things than in that of removing, through the abdomen, the female reproductive organs.

And just because of the magnitude of the subject; not because I would willingly omit a classical survey of the steps by which we have reached our present standing place, I must limit my remarks to certain practical points, which I trust will seem worthy for your consideration, and will elicit from you a discussion embodying your own experience, which cannot fail to be of great value.

At the very outset, however, I must crave your indulgence for an apparent egotism on my part for speaking from my personal experience, and for advancing my own views and practice, to the neglect of those great men who have made our present work possible, and whose names will ever stand as synonyms for erudition, courage, and love of humanity. In our busy life, while we may silently award all honor to our masters, we do not publicly have more than enough time to add our shoulder thrust to the problems that we undertake to solve.

While we tend to classify and differentiate diseases, increasing knowledge inclines more and more to obliterate the dividing lines which in its infancy—and we are scarcely beyond that period

now—gynecology drew between its various manipulations. Thus, for example, no hard and fast line can be drawn between abdominal and vaginal hysterectomy, save in the matter of technique, and even here, a more critical examination will show the occasional advantages of a combined operation—thus making it impossible without assuming an arbitrary division, to discuss one method of removing the uterus without mentioning the other.

Simply stated, abdominal hysterectomy is at present reserved for those diseases of the uterus which cause such an increase in its size as to preclude the possibility of effecting its partial or complete removal through the natural outlet of the pelvis, the vagina. You will perceive that the suggestion is here made, that in case the factor of size does not complicate the procedure, the operation of election would be a vaginal hysterectomy, and such an inference, I believe to be in conformity with the recent developments of surgery. I think we cannot doubt that vaginal hysterectomy is the safer, and less severe operation. But as corroborative of the close relation between these two methods of accomplishing the same object, I have concluded, after beginning the one, on the other operation—I do not recall that I have ever commenced to remove the uterus with the deliberate intention of making an abdominovaginal hysterectomy—that a combined manipulation offered the best chances for the patient, and though this is a secondary consideration, presented the least difficulties for the surgeon, and have finished the operation by means of abdominal and vaginal openings. The necessity is not one, however, to be lightly decided upon, for I believe the gravity of this manipulation, and the mortality attending it, to be greater than can be proven of either one of the single operations.

I am glad to say that the necessity for the combined operation has in my experience been rare. I think it will be less frequent as I learn to differentiate more carefully, but I am inclined to believe that occasions will be found in which the factors of time and visceral manipulation will figure so largely in our equation of cause and effect, that a hysterectomy begun as abdominal, will be completed through the vagina, by which increased facility of reaching the deeper vascular trunks is obtained, as in a very large, dense myoma, so firmly packed in the pelvis that it cannot be raised sufficiently, either to apply the temporary clamps, or to secure the uterine arteries; or again, in a case in which malignancy is not suspected, or is thought to be confined to the uterus until the vaginal vault is opened. Here, if it is thought best

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to proceed it may be necessary to enter from above, for the facility thus obtained of reaching intelligently every part of the abdomen and pelvis with both fingers and instruments, may render it possible to remove all diseased structures, and convert an otherwise palliative operation into one that is radical and curative. But I am of the opinion that cancer of the uterus that has invaded extra uterine tissue to such an extent as to render its ablation through the vagina impossible, does not fall within the limits of justifiable operations.

The practical points touching abdominal hysterectomy which now interest us, are:

First. Shall the entire uterus be removed, together with the disease which calls for the operation, and if not, what shall be the disposition of the portion that remains (the uterine pedicle) extra-abdominal, or intra-abdominal?

Second. Shall the entire uterus be removed, and if so, what shall be done with the thus opened vaginal vault?

Third. Shall the adnexa be removed with the uterus?

The comparatively minor details of *technique* will always remain open for discussion and change, and will doubtless admit of many improvements, but I apprehend that the present vital questions relating to abdominal hysterectomy, are the three which I have raised, and to the consideration of those I will now ask your indulgent attention.

The first question, shall the entire uterus be removed, together with the disease which calls for the operation, must be decided wholly upon the nature of that disease. This, as we know, excluding the malignant and semi-malignant diseases, carcinomas and sarcomas, the radical removal of which admits of no doubt, is most frequently a tumor, partaking of the characteristics of uterine tissue, and invading more or less the walls of the uterus. In the pedunculated form of fibroids, or the sub-peritoneal variety, the neoplasms are, as the names imply, superficial, but, applying here our knowledge of the development of pathological new formations, I think we have reason to look with suspicion upon the sanity of an entire organ, one part of which produces such a wholly incongruous and useless mass as a uterine myoma. My practice, therefore—unless it can be clearly established that the uterus as a whole is healthy, and such a diagnosis is attended with the utmost difficulty, indeed is at times quite impossible—is to disregard the question of future maternity, and looking to the welfare of the patient, to remove the entire uterus, or all of that portion that lies above the internal os. I have little patience with the spirit of modern conservatism which seeks to produce cosmetic effects, or to preserve not actively pathological structures, at the expense of thoroughness. Such work may indeed be classed among operations, but surely it does not come under the head of the "Science and Art of Surgery." Operative surgery will ever be looked upon as the opprobrium of the healing art, but

when we, as conscientious men, reach the conclusion that an organ or part must be removed, let us in the name of humanity, and of our art, do the work thoroughly, and not as children, playing with the noblest of professions.

My early hysterectomies were performed in accordance with the then prevalent practice of extra abdominal fixation of the pedicle, and hence the line of amputation of the uterus was decided by the degree of possible tension of the portion that remained. It was not at all unusual for that line to pass through small intra-mural tumors, and presumably many such remained unnoticed below the constriction, ready to develop, requiring future operations for their removal. For four years I have been free from the surgical sin of that method of operating, and in consequence have not lost a single abdominal hysterectomy that could be attributed to the operation.

It having been decided to remove the tumor and the uterus, that is, the usual tumor bearing portion, which lies above the cervix, it is, I think, a matter of little importance, the cervix being healthy, whether we amputate at the inner os or at the vault of the vagina. But one consideration will be of positive weight. If we decide to leave the adnexa, it will be well, other things being equal, to leave the uterine cervix also, for the reason, that we thus gain a little support for the ovaries and tubes; we do not so completely disturb their blood supply; and the manipulation is not so prolonged or extensive. But of this, and the question of removing the adnexa, later.

The line of amputation, or indeed whether the uterus shall be amputated at all, cannot be decided until the abdomen is opened. To accomplish this, the first step, I prefer, and make a free opening through the *lenia alba*. I consider it of great advantage not to mutilate the rectus muscles in going through the abdominal walls, not because healing is necessarily thereby delayed, though if the muscles are much torn the wound is apt to suppurate and mural abscesses develop, but principally because there is liable to be troublesome bleeding from the torn or cut muscles. The opening through the peritoneum does not correspond to muscular incision, and hence when the walls are brought together in the final step, unnecessary violence is done to the peritoneum—a very important matter in all abdominal surgery—and sometimes considerable searching is required to bring it into place. If the abdominal wall is opened down to the muscular sheath with one long deep incision, and then the tissues cut between catch forceps, muscular tissue need not be exposed at all, and the tumor is reached quickly and safely. Let me again express my confidence in the long incision. Its length does not complicate the operation, and the facility for work which it gives, more than compensates for the additional mutilation; and the resulting wound is more likely to continue in the median line, than when enlarged after the tumor is brought into view. I always regard the latter necessity as evi-

dence of a miscalculation between the size of the tumor and the opening through which I expect to accomplish its removal.

Having decided to remove the uterus, I plunge a broad-flanged corkscrew (which I have had made for the purpose) into its presenting portion, and, with a rocking motion, drag the entire mass outside of the abdomen. Uterus and adnexa will thus be brought into view, and the future steps of the operation be determined without hesitation.

If the ovaries and tubes are to be removed with the uterus, the latter organ, being entirely controlled by means of the cork screw, is drawn to one side, usually first towards the patient's right, while I proceed to ligate with a rather blunt, handle-needle, using for the purpose, preferably, catgut, the ovarian artery outside of the ovary. Though it consumes a little more time to ligate the uterine portion of the artery, I think the increased space for future manipulation afforded by the absence of clamping forceps more than compensates for the slight loss. I therefore usually ligate both ends of the artery.

With blunt scissors I then divide the broad ligament outside of the ovary, and continue the separation down to the uterine artery. This is then tied with double ligatures, after the method found in the ovarian trunk, and cut between the ligatures.

My next step—and this I consider an important one both in order of sequence and in ultimate results—is to secure coaptation of the peritoneal layers of the broad ligament. For this purpose I use catgut and a curved Hagadorn needle. The advantages of so closing the peritoneum deserve more than a passing notice.

In the *first* place, troublesome oozing is controlled; in the *second* place, if we leave this step until the conclusion of the operation, the peritoneum will have retracted and will be difficult to pick up; and in the *third* place, it is in accordance with the broad principle which I think should underlie and govern all abdominal surgery, *viz.*: to preserve the continuity of the peritoneum.

This great serous membrane, with its lymphatic system, is, to an extent which we have been slow to recognize, possessed of remarkable powers of digestion; and I am led to believe that, as long as it remains intact, few if any agents finding their way into the abdominal cavity can enter the circulation in such form as to prove hazardous to life. For let us remember that before doing so they must pass through the chemical laboratory of the lymphatic glands, which are present in such large numbers in the peritoneum.

The case is quite different when this protecting membrane is no longer a closed sack, and its supporting cellular tissue is uncovered and exposed. Absorption then takes place directly into the blood circulation, without the antidoting or digesting action of the lymphatic glands. Our greatest successes in abdominal surgery I believe

will be achieved by following the lead of physiology; by calling to our aid the friendship, not the enmity, of the peritoneum.

I trust you will pardon this digression; my object has been to emphasize what I believe to be an important factor in the success of all operations that open the abdominal cavity, and hence destroy the continuity of the peritoneum.

But to return to the operative technique. By now drawing the tumor and uterus over to the side which has been liberated by cutting the broad ligament, the remaining ovary and Fallopian tube are dealt with as already described. The entire mass, consisting of tumor, uterus, and adnexa, can then be lifted out of the pelvis.

The advantage is now apparent of packing the vagina, which is the final step of the vaginal toilet that precedes all my abdominal operations, and is attended to by an assistant before the patient is brought to the operating room. By this packing, the pelvic organs are held up and forced more prominently into view.

But here let me note a disadvantage of this vaginal packing. If placed well, as it should be, it, by pressure, to a certain extent, controls the circulation of the cervix and upper part of the vagina, and hence it is generally wise to have it removed before closing the abdomen.

The line of amputating the uterus will now be determined. If it is thought best to leave the cervix, that is, amputate at the internal os, I throw a temporary rope clamp around the pedicle below the line of amputation, taking care to press the bladder well down in front, below the rope. If the bladder is found to grow high on the uterus, an incision of the peritoneum at the line of reflection will allow the clamp to be placed without fear of injuring that viscus.

The method selected of covering the pedicle, of rendering it extra-peritoneal, will decide the shape given the cervix at the time of removing the uterus. If it is wished to excavate the pedicle, closing its sides with buried sutures, and covering the whole with peritoneum, this may be accomplished by giving a wedge shape to the portion that is removed.

For myself, I see no advantage in the additional manipulation that this method involves, and look upon the sewing up of the excavation in the pedicle as a waste of time in an operation where every minute saved is of value to a successful issue.

I regard the uterine pedicle much in the light of the stump that remains after amputation of a limb, and treat it according to the method of circular amputation. A cuff is made by incising the peritoneum above the line of amputation. This cuff is stripped back, and the uterus cut off. If open vessels are seen, they should be ligated with catgut.

Unless some disease is present in the cervical canal, I do not use the cautery; but when necessary, I prefer the Paquiline cautery, which I pass through the entire length of the canal, with the double object of disinfecting and of keeping the

passage open for drainage, outside of the peritoneal covering.

I bring the peritoneum together with a double row of catgut sutures, observing great care to invert its edges, so that the serous surfaces are everywhere in contact, and the underlying uterine tissue in no spot uncovered.

There will now arise the question of drainage, and this is among the most difficult ones to pass upon in abdominal surgery.

As one of the chief advantages of the intra-abdominal treatment of the pedicle is to entirely close the abdominal wound, of course, unless under exceptional conditions requiring combined drainage, the *operative* opening should be excluded as a possible site for establishing drainage. There therefore remains the vagina, which appeals to us as the mechanical and anatomical drain for the pelvis, and this canal I make use of when I desire to watch more closely the processes that are going on at the seat of operation.

My method of establishing vaginal drainage in abdominal hysterectomy, is to force a pair of long forceps through the posterior *cul-de-sac* by way of the vagina, into the pelvis, being guided in its course by my finger placed in the abdominal cavity. A roll of iodoform gauze, varying in thickness with the degree of drainage it is desired to establish, is caught in the jaws of the forceps and drawn into the vagina, enough of the *cut* end of the roll remaining in the pelvis to loosely occupy the cavity behind the pedicle. The vagina is then lightly packed with strips of iodoform gauze. I formerly used tubes for vaginal drainage, the cross rubber tube, and various forms of glass tubes, but have abandoned all such instruments as untrustworthy and ineffectual, in favor of iodoform gauze. This material remains perfectly aseptic, is non-irritating, drains well and can be removed and replaced at pleasure.

As I have already said, it may become a difficult matter to decide when to drain in hysterectomy, and when not, for while I hold that drainage has contributed to the success of many hysterectomies, conversely we cannot deny that it is not called for in every case, and that in a certain proportion of the cases in which drainage has been carried out, the results have not been satisfactory, even death being directly traceable to its use.

Formerly, I relied upon drainage in all classes of abdominal operations, much more than in my present practice. The change has been brought about largely, I apprehend, by my increased confidence in the physiology of the peritoneum; in my willingness to rely upon its power to digest, and to render inert, deleterious substances with which it is brought in contact; but also, and necessarily, because of greater manipulative skill and certainty of the exclusion of septic germs, or the pabulum upon which they thrive.

We should to-day be able to dismiss the factor of septic poisoning from abdominal surgery, for

unless it is already present at the time of operating, we must, before the tribunal of our inner selves, acknowledge that we, the operators, are responsible for its presence. The fear that possibly something post-operative may happen, or that we have neglected to avail ourselves of one of the means of achieving success, has doubtless done much to perpetuate the routine practice of draining after laparotomies; but save in case of pronounced inflammation, when I think keeping the peritoneum dry, mechanically assists in relieving the surcharged capillaries, and, by removing excess of fluid, prevents a paralysis of the lymphatics which might follow forced activity; or in case of unusual capillary oozing, where undoubtedly by maintaining dryness of the peritoneum, contraction of the small vessels is favored, or when pus-pockets exist, and it has been impossible to perform the toilet of the peritoneum to the entire satisfaction of aseptic requirements, I do not now use drainage in abdominal surgery. Under the latter conditions, my object is not so much to drain the entire peritoneum as it is to shut off the infected cavity. With this in view, I pack the pelvis with iodoform gauze, taking advantage of nature's kindly disposition to form adhesive inflammation as a protective envelope.

Now, as to closing the abdominal wound. I think I have used every method that has been proposed, and am not free from the charge of having devised others for myself, but I believe I get the best results from the simple method of a single row of silkworm gut sutures, introduced through the whole thickness of the abdominal wound, by means of a slender, slightly curved handle-needle.

I am, however, in this step, again fastidious concerning my treatment of the peritoneum. The needle is made to penetrate this membrane further from its cut edge than the corresponding penetration of the skin. You will readily perceive the object of this, for when all the sutures are in place, and before they are tied, by drawing them *en masse*, away from the underlying omentum, the serous *surfaces* of the peritoneum are brought together and held in contact, thus applying the rule of intestinal surgery which insures adhesion between structures invested with peritoneum. Only in very thick, fat abdominal walls do I consider it necessary to sew the peritoneum separately.

I have thus far said nothing about irrigation, but an account of abdominal hysterectomy would be incomplete without such mention.

The less manipulation to which we subject the peritoneum, and the intestinal canal, the better will be the chances for the patient; hence the necessity for washing out the abdominal cavity must be regarded as unfortunate, for with it comes a greater or less degree of the very handling which we wish to avoid. When, however, suspected fluid or hemorrhage call for irrigation, I use a sterilized salt solution, which I pour into the cavity, from jars; the force and quantity of the

fluid can thus be regulated at will. But let me mention one very important advantage from flushing the abdominal cavity with a sterilized saline solution. I refer to cases of severe hemorrhage and shock, incident thereto. This fluid corresponds in specific gravity very closely to the normal blood-serum, and when absorbed into the circulation, is capable of taking its place, not only as a promotor of blood formation, but as a mechanical substitute to stimulate the heart to action. I have on several occasions flushed the abdomen with this in view, and think that by so doing, I have saved my patient's life.

As a natural outcome of such experiences, I have been led to think that cases requiring irrigation are benefited by favoring a *continued* absorption of the salt solution; I am therefore not careful to dry the abdomen before closing the wound, but am in the habit of leaving fluid in its cavity. Not only is this absorbed, but its presence permits the abdominal viscera to move freely on each other, and possibly prevents adhesions between their peritoneal surfaces, and intestinal irritation.

This brief description will serve to outline the essential features of my method of performing abdominal hysterectomy. The principal variations which I have not touched upon, will relate to the treatment of the vaginal opening in case the entire uterus is removed; and thus my second question is reached.

I very strongly incline to the latter operation. *First*, because of the probability that the cervix and cervical canal are not free from disease, the latter especially being prone to cell degeneration. *Second*. Because the operation is more quickly performed, and is better surgery, removing as it does, a part that is not only useless, but which may become the seat of disease.

The frequently urged objection against removing the cervical pedicle, that the adnexa and floor of the pelvis are thereby deprived of a certain support, I do not think is well founded. The cicatricial tissue that forms after removing the cervix, and that constitutes the roof of the vagina, is quite as strong, and able to resist pressure from above, as the portion of uterine tissue that remains after the higher amputation. Moreover, should that nodule become diseased, or hypertrophied, which actually occurred in one of my own cases, requiring a second operation, the increased weight will cause prolapsus of the vagina, with all its troublesome features.

When I remove the entire uterus, the steps are the same as those already described, until the application of the temporary clamp. If the uterine and ovarian arteries have been well secured, and the peritoneal layers of the broad ligament brought together, this will be unnecessary.

After incising the peritoneal covering of the uterus, posteriorly and anteriorly, at a point corresponding to the reflection of the bladder, and terminating latterly at the ligation of the uterine arteries, the cervix can, by means of the finger, or with blunt curved scissors, be stripped down to

the vagina. This is then opened—and here I prefer the scissors, for the vagina is very tough—and the uterus clipped away from its attachments. One will at first be surprised to see how quickly the peritoneum falls together, and closes the opening thus formed.

As there is usually more or less oozing from the cut vagina and peritoneum, I insert a roll of iodoform gauze until the discharge ceases, which is generally in about twenty-four hours.

After removing the drainage, and this I accomplish by injecting peroxide of hydrogen, the vagina is cleansed frequently with boracic acid solution, and later with bichloride solution. I have no fear of using the vaginal douche thoroughly, because the stopping of discharge is to me an indication that the abdominal cavity is closed by adhesive inflammation.

From the operation which I have described, and which I now make my model in all cases of abdominal hysterectomy, the recoveries are quite as rapid and satisfactory as from an ordinary ovariectomy. Theoretically, they cannot be otherwise. All disease is removed, and no intra pelvic tissue remains to degenerate, or to pass through the various stages towards healing. Of course complications will arise which influence convalescence and the prognosis, but ordinarily my abdominal hysterectomies are dismissed from my care within four weeks. Quite different this from the old mortality, and a painful and fetid convalescence of eight to ten weeks, that follows the extra abdominal method of treating the pedicle.

This paper has already exceeded the time-limit I had set for myself, and I fear the justifiable limits of your patience, but my third question, shall the adnexa, when not the seat of disease, be removed together with the uterus, remains for discussion.

Until we know the exact function which the ovaries and Fallopian tubes perform in the female economy, our answer cannot be rationally given, and the deeper we penetrate the sense world, and the further we investigate human physiology the broader becomes our horizon, the more do we perceive the close functional intra-relation between all the organs of the body.

We formerly looked upon the ovaries as essentially reproductive organs, and considered that their function began and ended with the evolution and involution of the child bearing period in females. Recent investigation and the results of clinical experience, oblige us to reverse this opinion, for while beyond doubt the primary object and function of the uterine adnexa is reproduction, the physiological and psychological phenomena which follow their removal, cannot be accounted for upon the theory that *only* the possibility of child bearing is withdrawn from the system, when the appendages are removed.

There is here opened a vast field for speculation, but speculation is not what we want, we must have facts, and until we acquire them we

must give each case the benefit of a doubt. Apart from the mental effect which we can readily conceive might follow the consciousness of reproductive incapacity, recent investigations tend to show that the ovaries are in the strictest sense glands, secreting, differentiating, and contributing their quota to the general well-being of the organism. This secretion has been named "spermine," and is found in varying quantities in the thyroid gland, in the thymus, the ovaries, the testicles, and in pancreatic tissue.

Experiments have thus far been conducted mainly with this "spermine phosphate," derived from the testicle of the sheep. The substance injected hypodermically, seems to act as a powerful intra-organic restorative of the oxidizing properties of the blood, shown most markedly in its power to resuscitate after chloroform poisoning.

The results obtained from experiments with "spermine" derived from the ovaries of rabbits, though more recent and less extensive, are none the less suggestive of the important part which this element plays in the female economy. In all instances renewed vigor followed its use.

Now, what are we to conclude from this fragment of knowledge? I think we may say, without hesitation, that we are investigating a physiological action that promises to have a most important bearing on operations which consider the removal of the ovaries. For while other glands are shown to secrete "spermine," and may possibly, because of the compensating action which exists throughout nature, be able to supply in time the loss of this "oxidizing restorative" which must follow removal of the ovaries, so exquisite have we found to be the balance between the several parts of the reproductive system, that we have reason to believe that an element bearing so important a relation to nutrition as "spermine," cannot be suddenly and violently withdrawn without disturbing the nice adjustment which exists throughout the organism. May we not therefore suspect, that many of the symptoms, psychical and physical, which attend natural and induced change of life, are in a measure the result of the withdrawal from the system of the secretion of the ovaries. In the induced menopause, where both ovaries are removed, the supply is cut off, and every gynecologist can cite instances of the tornado, of the nervous explosion, with which the system frequently responds to this violent act.

I do not wish to be understood as favoring the opinion that all the disturbances that follow double oöphorectomy, or even the greater part of them, are dependent upon the reduction of the quantity of "spermine" in the system. I merely wish to suggest that this may be a contributing cause, one of the many factors that go to make the picture of what we recognize as the change of life, the folding up of the reproductive system.

We now perhaps, in view of the possibly complex function of the ovaries which recent study

seems to favor, have correspondingly complex problems to meet before deciding to remove the uterine adnexa, when the operation is for ablation of the uterus. Of course it will be understood that I speak of healthy appendages.

My custom has heretofore been to perform the complete operation, actuated as I always am by the desire to remove all organs that may in any measure sympathize with the primary disease, but I must confess that since I have become familiar with the line of investigation which I have touched upon concerning the glandular action of the ovaries, I hesitate before including the adnexa with the uterine amputation.

I have never seen any unfavorable results from the continuance of ovulation after removal of the uterus; indeed, after one or two menstrual crises, immediately following hysterectomy, the system seems in no way to be affected by the operation. There appears, therefore, to be no adequate reason for removing the otherwise healthy ovaries in hysterectomy.

A final thought suggests itself in this connection: What would be the effect of combating the morbid symptoms that follow removal of the ovaries, with injections of this "spermine phosphate?" Why have we not in this treatment a legitimate continuation and extension of preventative medicine, or more broadly, of the art of healing?

THE ROMANCE OF TWELVE EGGS.

BY D. A. GORTON, M. D., BROOKLYN, N. Y.

NOT many years ago there lived in a Long Island town, that is destined to become a part of Greater New York, a flourishing man of the world. The annual profits of his business ran up in the tens of thousands, though he did nothing to earn them but occupy a position, draw his salary and accept his percentages—he was president of a life insurance company. He was blessed, or cursed—for a man of wealth can never be sure which—with an only son, whose name for the purpose of this writing shall be Clifford B.

Clifford was young, rich prospectively, handsome and happy. Life had been made smooth for him by a fond, not over-wise, but indulgent, father, who had centered all his ambition and hopes in his only son. The mother often remonstrated with him for the over indulgence of his son, but he always made answer that the boy had but one life to spend on this sphere, and that that one should be made as pleasant as possible. Being of an easy going nature, Mrs. B. soon ceased to protest, referring the boy to his father when he wanted anything that was not very good for him, or of which she did not approve.

Clifford and his father became great chums as the boy increased in years and stature, the father regarding the son as a potentiality of great things, he himself expecting to shine by his reflected

light when the boy should grow to man's estate. Clifford received this adoring admiration as his just meed, and treated his father with an affectionate toleration that was very gratifying to the older man. But on one point Mr. B. was firm—his son must be a college graduate. As Clifford was dependent upon his father, he submitted to the paternal decree with his accustomed good nature, well knowing that there are as good times to be had in college as out of it.

Clifford possessed qualities of mind and heart that made him extremely popular. Having plenty of money to indulge his appetites and those of his friends, he was everywhere rated a good fellow, and so he was. Good health was joined in him to good nature. His greatest vice was that of eating, being over-fond of the pleasures of the table. At home it was said that he ate more than all the rest of the family. He took more delight in a course dinner than in a concert or an opera. It was his boast that he could go right through a dinner course and do even justice to every dish. Accordingly, when at home, he either dined at his club, or took his chums to Delmonico's or Moretti's. He little thought that the indulgence of his appetite might lead to disastrous consequences. Youth is not given to dwelling on the relation of cause and effect to any great extent when indulging in those things that give pleasure are concerned. This was the case with young Clifford. Plethoric suppers at late hours never seemed to hurt him, owing no doubt, to his active outdoor life and devotion to open air sports and games while at college.

Clifford took his course at college and passed his examinations as a matter of course, for had he not distinguished himself in the college nine, and gained high honors at football without being maimed for life? His splendid physique had served him well in the football contests, and he felt he had done sufficient credit to his *Alma Mater* in leaving college with so fine a record. His vanity was soon after considerably titilated by receiving an offer of a handsome salary to join a professional baseball league. He had inclined to accept the offer, as he told his father he would never make so much money at anything else, but was dissuaded by the thought of the rigorous regimen to which he would have to submit during the season, and by the offer of his father to defray the expenses of a trip to the Rockies, or of a European tour. Clifford found so much difficulty in deciding which he would most prefer that he decided to try both, taking the Western trip first. Circumstances, however, so arranged themselves that the European tour was not taken.

He joined a party of four friends who were bound for a hunting expedition in the Rockies, with whom he endured all the hardships, privations and dangers of a hunter's life, enjoying the experience all the more on account of them. One of his adventures proved of great import.

The young men had left the mountains and were traveling through the great cattle region.

Losing their way and overtaken by darkness, they stopped at a ranch and asked to be taken in for the night. They were received very hospitably, and it proved that their presence was a very welcome addition. The day before, their host had received a bag of gold in payment for some cattle, the fact leaked out, and that very night the house was attacked by a band of desperados who did not know of the unexpected arrival of five stalwart young fellows, well armed. The robbers were frightened off by a fusillade from the host and his guests, and the treasure saved. The next morning the young men accompanied their host to the nearest bank, where he deposited the gold. Mr. Y. insisted that the young men should return with him for a few days to be initiated into the pleasures of ranch life. They remained long enough for Clifford to fall in love with the pretty young daughter, a lovely girl of nineteen, who had just returned from a boarding school in Chicago. As the peculiar features of ranch life did not appeal to the sensibilities of a young girl who had been accustomed to companions of her own age and sex, and whose health was not particularly robust, the advent of five New York gentlemen, who treated her with the patronizing deference that young manhood is apt to show young womanhood, was an event not to be despised.

There was a peculiar beauty in the wild rose loveliness of that delicate, childlike face, with its great dark eyes, now sparkling with latent mischief, now dreamy in their soft languor. It was almost a case of love at first sight, and when Clifford left the ranch it was with the promise that Mr. Y. should take his daughter in the spring to Chicago, where he had a sister living, and where Clifford should join them, the wedding to take place there.

The pampered youth had not thought it necessary to advise his father of this episode, taking it for granted that the paternal consent and blessing would be generously given. Great was his surprise, therefore, on the avowal of his matrimonial intentions, to find his father decidedly and unmistakably angry. But Clifford met the paternal outburst with unperturbable good humor, tolerantly listened to his objections, which he calmly pronounced trivial, and invited his father and mother to be present at the wedding festivities. Of course, Mr. B. gave in, for as we sow we generally reap—unless some one gets in ahead of us. But when he became acquainted with his daughter-in-law he heartily indorsed his son's choice, not only on account of her genuine affection for Clifford, but for her own lovable qualities.

In due time came a baby girl to this pair, which grew into a beautiful child. About four years after the marriage, four years that would have been an ideal of happiness had it not been for Clifford's fatal propensity to deny himself nothing to which he took a fancy, the tragedy of twelve eggs had a beginning. One morning in the beginning of February, when new laid eggs

are a luxury, Clifford ate a whole dozen of them for breakfast, laughing at his wife's remonstrances.

"What are twelve eggs for a fellow like me, in the full strength of his young mankind?" he asked. And as Mrs. B. looked across the table at her handsome spouse her heart swelled with wifely pride, for he seemed the embodiment of vigorous, healthy manhood. Little did she know of the dire consequences that might follow in the wake of a surfeit, or taking so large a quantity of albuminous nutrition. Nature exacts her penalties. In less than a week, Mr. Clifford B. was down with an attack of acute inflammatory rheumatism. Every joint of his upper and nether extremities was tense with swelling. The pain was agonizing. He could neither move nor be moved. Even the jar of the bed, caused by one walking across the room, was intolerable. He was irritable and fault-finding. The devoted care of his wife, the loving tenderness with which she sought to comfort him and to ease his sufferings, went for naught. The best medical advice was taken. Everything that medical skill could devise was done to subdue the disease, but without avail.

Meanwhile, little Alice, who hitherto had been her mother's chief care, but who now was intrusted to a nurse, fell ill. The mother, absorbed by her husband's sickness, and worn out by waiting night and day upon him, had failed to notice the beginning of disease in her child, and when the doctor was consulted it was too late. In two days the little sufferer was no more. When the stricken mother clasped the dying child to her heart, the truth forced itself upon her, that the loss of the child was due to her neglect. Then she reproached herself. She was not fit to be a mother! She had violated her trust! Dry-eyed she saw her child consigned to the tomb, but she knew that life would never be the same to her again.

Clifford's condition went from bad to worse. The heart finally became involved, and one week from the time Mrs. B. had laid her child to rest, she followed her husband to the grave. "How mysterious is the course of Providence!" said the neighbors. Friends and relatives commented on her strange calmness, and the stranger misfortune. The most charitable attributed her manner to shock, saying that her suffering would come later. But it was the calmness of despair. The tears were burned up before they reached the eyes. She tried to comfort the father, whose once erect form was now bowed by grief, and whose hair was blanched by sorrow. The day of the funeral was a sleety day in March, and as the prematurely aged man stood bareheaded before the empty grave that yawned to receive all his earthly hopes, he prayed that he might be the next to go. It seemed as if his cry was heard, for the low nervous condition induced by anxiety and grief rendered him peculiarly susceptible to climatic conditions, and pneumonia soon set in. But before he responded to the last summons, the

young widow, exhausted by prolonged care and anxiety at the bedside of her husband, sank under the added load of remorse and sorrow and was herself consigned to the tomb.

Now a gray haired old lady is all that is left of three generations. Regarding her triple bereavement as the Lord's will, she is able to abide His time, for she says, "Whom the Lord loveth He chasteneth." It never occurred to her that the twelve eggs had anything to do with the chasteneth.

Does this read like a romance? Undoubtedly, but it is no fiction. The facts were matters of personal observation. We write it to point a moral.

One hears a great deal about heredity, uric acid, micrococci, malaria, age, sex, climate, occupation, sudden changes of temperature, etc., as cause of inflammatory rheumatism, but too little of extra nutrition. Over indulgence in eating and drinking is the chief cause of inflammatory rheumatism, and, in fact, of most other inflammatory diseases, and an abstemious diet is their chiefest remedy. "Live on a dime a day and earn it," was Abernethy's laconic advice to a gouty gourmandizer and wine bibber. The advice was not only good sense, but sound philosophy. It would save many homes from tragedies like those herein accounted, that are now attributed to a mysterious Providence, but which are wholly due to extra nutrition.

THERAPEUTIC EFFECTS OF GYMNASTICS AND MASSAGE IN CARDIAC DISORDERS.

BY GUST. SANDBLOM, NEW YORK CITY.

THE art of gymnastics is divided into four chief branches, namely, the medical, the pedagogic, the military and the æsthetic.

Medical gymnastics is a carefully arranged system of bodily exercise, which is based on physiological facts, and aims to arrest and combat disease. Through experience, not only are the physiological actions of the different exercises and manipulations known, but also their therapeutic effects in different diseases. This branch of gymnastics is subdivided into passive and active movements. Passive when executed on the patient or with a part of him, he himself being entirely at rest. Active (free or made under resistance) when the patient himself takes a working part in the movement.

The beneficial influence of proper exercise on the general health is well known. Every organ demands normal use to preserve it in full vigor and to obtain from it its best service. By violent movements, the action of the heart is accelerated greatly, and even irritated. By means of graduated movements, adapted to the individual conditions, the frequency of the heart's action is regulated, and the force of the cardiac beat is increased. Experience proves that suitable passive as well as active movements, regulate and

strengthen the heart beats, even in severe cases of diseases of that organ.

Among the passive movements which accelerate and regulate the circulation of the blood, and at the same time strengthen the muscles of the heart, without disturbing its action, are the respiratory movements, which take the foremost position. Several physiologists have written of the great influence which respiration has on the circulation of the blood. During the act of inspiration the air inspired expands the lungs and presses them against the walls of the thorax. In virtue of the elastic property which they possess, the lungs counteract this expansion and produce a reaction, the power of which is increased the deeper the inspiration. Thereby arises a difference in pressure within and without the thoracic cavity. The vessels outside of the thorax are subjected to a greater pressure than the vessels within, which at the conclusion of the inspiration are subjected to a pressure considerably less than the atmospheric. Therefore a suction of the blood towards the organs inside of the walls of the thorax is produced, namely, the heart and the great blood vessels. This force of suction affects the arteries as well as the veins; but the stiff walls of the arteries, the great blood pressure in them, and the closure of the semilunar valves during the period of diastole of the centricles prevent any regurgitation of the arterial current. The veins, on the contrary, have soft and flexible walls, slight blood pressure and valves, which prevent regurgitation of the blood, and therefore the current in them is accelerated towards the heart. The act of expiration causes the reverse of the act of inspiration, and thus has a favorable influence on the arterial circulation. Movements which act upon the mechanism of respiration cause deeper inspiration, and accordingly a greater elastic reaction of the lungs, even four or fivetimes greater. (Dr. Wundt.) The heart is consequently assisted in its work by the respiratory movements, on account of their ability to accelerate the blood in the same direction as the heart itself does.

Passive movements, as rolling (circumduction), flexion and extension at several articulations (ankle, hip, shoulder, wrist-joints, etc.) produce an extension of the different fasciæ. In the most of the articulations of the body the most superficial part of the venous walls is fastened to the fasciæ. In consequence of the elasticity of the veins there ensues in them by these movements an alternate contraction and elongation. Through this elongation the capacity of the veins is increased, and therefore a power of suction is produced in them, which accelerates the circulation of the blood.

The nerves which affect the heart can also be stimulated mechanically, thereby inhibiting or accelerating its action. The vagus, as we know, is the inhibiting nerve of the heart, and the sympathetic nerve is the accelerator. There is one of the passive moments, namely, nerve vibration,

which applied under deep pressure over the vagus, inhibits the action of the heart. On the contrary, if this movement is applied under light pressure over the sympathetic nerve, it accelerates the heart's action.

Massage manipulations, executed centripetally, press together the underlying veins and accelerate the blood in them in the direction of the heart. Through the deeper situation of the arteries and their resistible walls the current in them is not hindered, but on the contrary, is accelerated, through the suction which is produced by the venous emptyings. These manipulations act not only locally, but have an animating influence on the general circulation.

Active movements exert through contraction of the muscles, pressure on vessels which are within the substance of muscles or in its vicinity. This pressure affects the arteries as well as the veins; but through the above mentioned differences in them in structure and blood pressure, and the action of the semilunar valves, the venous current is accelerated from the capillaries towards the heart, and thus also facilitates the arterial circulation.

The lymphatic vessels, which are supplied with valves similar to those of the veins, are also subjected to the force of pressure and suction caused by the respiratory movements, venous distention and muscular contraction, thus causing acceleration of the lymph toward the veins into which they enter. This has been demonstrated by experiments performed in Ludwig's laboratory in Leipzig.

By means of these gymnastic movements and massage manipulations we produce an effect similar to that of a powerful suction and forcing pump on the blood and lymphatic circulation, and this proves that there are passive as well as active movements which facilitate and regulate the wave of the blood, and thus have a quieting effect on the heart's action.

The manual method, as well as every other, cannot restore a pathological condition of the heart to a healthy state, but it is able to mitigate and counteract the results, even in the most severe cases of diseases of this organ, and for example will mention the following case of Dr. Hartelius: The patient, a thirty-eight year old woman, suffered from organic heart disease, namely, stenosis of the left ostium auriculo ventricular, insufficiency of the mitral valve. The heart's action was very weak, and the patient suffered from asthma and painful palpitation of the heart. Considerable subcutaneous effusion appeared in the lower extremities and also in the peritoneum. The complexion was cyanotic.

In the treatment only passive movements were used. The patient was first given respiration movements in order to produce more powerful inspiration. Rolling was given at different articulations (shoulder, wrist, hip and ankle joints) in order to facilitate the circulation. Moderately strong rollings and turnings were executed with

the trunk, principally to act on vena portæ. Afterwards centripetal strokings were applied over the lower extremities, in order to accelerate the resorption of the subcutaneous effusion. The movements were first given the patient with extreme care, but by degrees were increased in vigor.

In the beginning of the treatment, the movements produced only temporary relief. The patient felt a relief from the painful symptoms for one or two hours after the treatment, but after that they returned. At first the patient was treated only once a day, but afterwards two and three times daily. The patient soon began to regain her strength and a more lasting effect was noticed. The asthma and painful palpitation of the heart gave way more and more. The subcutaneous effusion in the lower extremities and the effusion in the peritoneum was diminished greatly, and the complexion became much lighter.

The effect of the manual method was in this case no doubt of great influence. The treatment had relieved the painful symptoms to a large extent and restored the strength of the patient, but it must be admitted that the organic disease of the heart still remained. By this case, we consequently find that, in the most severe cases of cardiac diseases, it is not enough to give the patient a few applications of the treatment, but the treatment must be continued if the improvement of the symptoms should continue.

In the treatment of nervous palpitation, without any organic disease of the heart, by the manual method, it is of the greatest importance to consider the general condition of the patient. Among the cases which have been placed under my treatment by physicians I will mention the following:

The patient, clerk in an office, nineteen years old, is anæmic and complained of painful palpitation of the heart, asthma and whistling in the ears. The action of the heart is weak, the frequency of the pulse irregular, and the patient complained of dyspeptic symptoms.

The treatment was begun with light passive movements. Vibrations over thorax and dorsal sensory nerves, respiration movements, kneading of the abdomen, shaking of the stomach, rollings and centripetal massage manipulations over the extremities. Little by little, as the patient recovered, stronger passive movements were given, and at last, active exercise. After the treatment had been continued daily for three weeks, the palpitation began to diminish and the patient declared that he was not troubled so much by the asthma; the whistling in the ears had disappeared. The treatment was continued four months, and at the end of that time the above mentioned symptoms had completely disappeared.

In this case there was no organic disease of the heart, but the palpitation and weak action of the heart was caused by anæmia. The treatment had therefore for a purpose not only to relieve

the palpitation and asthma, but also to affect the cause, namely, anæmia.

In the treatment of heart diseases with the manual method, the whole care and skill of the instructed operator is required. It is not enough to know how a movement is to be executed, but the physiological effect of every movement must also be known and the movement exactly adapted to the circumstances of the individual, because a certain amount of strength misapplied results in a disturbed and hasty action of the organ.

Experience has proved that the manual method has been beneficial in the following heart diseases: Hypertrophica cordis, dilatatio cordis, myocorditis chronica, atrophica cordis, fatty degeneration of the muscle substance, and angina pectoris. In these diseases the activity of the heart is counteracted through the manual method, which accelerates the circulation, without irritating the organ. By diminished strength the further enfeebling of the heart is counteracted, through the manual treatment, which helps the organ in its work and strengthens its muscles.

The above may be sufficient to give the reader an idea of the physiological and therapeutic effects of medical gymnastics in heart diseases, and call attention to the fact that, in the treatment of disorders of this organ, as well as other organs, the gymnastics properly applied is applied physiology.

PERITONITIS IN THE MALE.*

By J. GARLAND SHERRILL, M.D., LOUISVILLE, KY.

Lecturer on Surgery, Demonstrator of Anatomy and Surgery, Hospital College of Medicine; President Falls City Medical Society, etc.

I HAVE been led to the consideration of this subject by the fact that it has never been before this society for discussion, and because it is a disease which any one of us is liable to meet at any time, and also because of the good we may accomplish by the proper knowledge of its pathology and treatment.

In considering the subject, it is not my purpose to enter an exhaustive discourse upon the trouble, but merely to call attention to the more salient points, and to start a discussion which I know will prove interesting and instructive to us all.

In the study of peritonitis in the male, I have divided it into simple and septic inflammation, according to its etiology, and into local and general peritonitis, according to the extent of the inflammation. The form of peritonitis which I expect to discuss is the acute variety, and there will, of course, be only an incidental mention made of the more chronic form. Inasmuch as almost all cases of peritonitis can at present be traced directly as to cause, I think the term "idiopathic peritonitis" should not be allowed.

The causes of peritonitis in the male are some-

* Read before Falls City Medical Society, July 24, 1894.

what varied, the most prolific being the introduction of some septic material into the cavity of the abdomen. Formerly, a great many cases were classed as peritonitis which modern investigations have proven were due to inflammation of the appendix with the formation of an abscess, and with either local or general peritonitis as an accompaniment. Not only do we have peritonitis as a result of inflammation of the appendix, but we also have inflammation of the peritoneum resulting from blows or traumatism, as a result of abscesses about the kidney injuries to the intestine, rupture of the bladder, and abscess from septic infection of gun-shot wounds in the neighborhood of the peritoneum, without actually involving that structure. I remember the most violent case of peritonitis that I have ever seen was produced by septic infection from retro-peritoneal tissue, resulting from a gun-shot wound involving the colon, the whole wound, however, being outside the peritoneal cavity. The patient died on the fourth day after receipt of the injury, and the second day after development of septic peritonitis.

The symptoms of peritonitis vary according to the amount of tissue involved, and also according to the idiosyncrasies of the patient. In the majority of instances the bowels are constipated, there is elevation of temperature, rapid and feeble pulse, thighs drawn up on the abdomen, legs flexed on the thighs, and the patient does not care to move. There is an anxious expression of the face, features rather pinched or drawn up. The patient may or may not complain of a great deal of pain; usually pain is very intense. There is great distension, as a rule, if the peritonitis be general, and the bowels are filled with gas-tympanites.

In septic peritonitis, following injuries of the intestine, there is often great nausea and vomiting, especially of a greenish bilious-looking fluid. In localized peritonitis we may or may not have tympanitis; usually there is some hardness of the abdomen over inflamed spot. There is always a tender spot at the seat of inflammation, and usually some tenderness all over the abdomen, with an especially tender point.

At the present time peritonitis in the male is not so fatal as formerly, especially in the localized form of the trouble. Of course, every one knows the gravity of septic general peritonitis. The main feature in this trouble is to ascertain the cause, in other words, to locate the original seat of the trouble, and treat that. I may say that perhaps the most frequent cause is inflammation about the cæcum and appendix vermiformis.

The proper treatment of peritonitis in all cases where the trouble is localized, and where no especial disease is made out as the cause, is opiates and rest. If, however, any inflammation about the appendix is the cause, or if there is an abscess about the kidney, or if there has been a gun-shot wound, then surgical interference is the only measure that offers any relief. The steps in these operations are, of course, well known to all

of you, and, therefore, it is needless to mention any of the methods of procedure in caring for these troubles.

The most important point that I desire to bring out is the fact that idiopathic peritonitis in the male does not occur *per se*. There are palliative remedies that may be used outside of opium; turpentine applied locally affords the best means of counter irritation of any drug that we have. We should, in a great many cases of peritonitis, use cathartics or salines to free the alimentary canal of its contents, and also to act as a detergent, following this by the rest treatment.

It has been claimed by some, that in cases of peritonitis resulting from gun-shot or knife wounds of the gut, where there is persistent vomiting, large doses of calomel—as much as a drachm—appear to be useful, and cases have been reported which seemed to bear this out; but, in my opinion, these cases simply got well in spite of the doctor and the treatment, and I believe the best authorities will bear me out in the statement that in all cases of perforation of any of the intestines, the use of purgatives are positively contra-indicated, and the treatment in all cases of supposed perforation, from whatever cause, is an operation. The management of the case depends after this upon the conditions disclosed by the operation, and of necessity are left to the judgment of the operator.

While I am confident that no one present tonight would delay an operation when indicated, yet I would lay particular stress upon the fact that many lives have been lost by procrastination, especially in cases of inflammation about the cæcum and appendix. No longer ago than two weeks I was called to assist one of my colleagues in an operation for appendicitis, which was of about two weeks' duration, but in which the appendix, and almost the entire head of the colon, had sloughed away.

CLINIQUE.

A CASE OF GLEET.

BY BUKK G. CARLETON, M.D.,

Visiting Physician to Metropolitan Hospital.

MR. J., æt. thirty, unmarried, dark complexion, four days after exposure noticed a little smarting and itching while urinating, the meatus red, congested, somewhat swollen, and the lips glued together by a sticky substance, which in twenty-four hours became a profuse discharge. The physician consulted advised abortive treatment, and promised an immediate cure. The abortive injection was administered and the discharge stopped, but in a few hours a violent fever, with all its concomitant symptoms and conditions made its appearance, and continued for two days, confining him to his bed, after which the discharge e turned, and the fever immediately abated.

For six weeks after, the ordinary symptoms of acute urethritis were present, but as the receding stage passed off a gleety discharge remained, for which injections of various kinds and strength were used, in addition to the passage of steel sounds, without any appreciable effect. After six months of this treatment he called upon me; he then complained of frequent urination, an uncomfortable feeling at the end of the penis, and a slight discharge, more marked at night. His general health was good; examination showed a stricture admitting a No. 24 French bulbous bougie, three-quarters of an inch from the meatus and about half an inch in length (annular stricture). The bougie passed to the remainder of the pendulous portion of the urethra without causing any unpleasant feeling, but the endoscope showed the opening of the submucous ducts to be more prominent than normal, with congestion and inflammation of much of the urethra.

B Sandalwood in capsules one week, and injection of
B Zinc Sulph. gr. jss.
Aque. 3 j.
Four times daily, after urinating.

Plain diet, Vichy water, good hours, etc., were advised.

One week from this call the stricture was operated to allow the passage of a 32 French bulbous bougie. The wound healed kindly, without retraction relieving the frequent urination and the uncomfortable feeling at the end of the penis, but the discharge still continued. The general congestion of the urethra was relieved, but the openings of the sub-mucous glands were prominent, showing that their ducts and parenchyma were involved. Zinc permanganate, gr. j. to the ounce of distilled water was used without results, also sepia, sulph. and arg. nit., as indicated. Occasionally a day or two would pass without the presence of discharge being discovered. For three weeks he was given two dram injections of bismuth sub. nit., 3 iii, boric acid, 3 ii, and liquor hydrogen peroxide, 3 vi, three times daily, and three grains of salol morning, noon and night to produce an aseptic condition of the urine, as I believed that the disease could only be cured by local effect upon the sub-mucous glands and their ducts. This proved correct, as on the discontinuance of the treatment all evidence of the disease had disappeared.

The interesting features of this case were the fever produced by the abortive treatment; the return of the discharge, and abatement of the fever; the marked involvement of the sub-mucous ducts and glands, possibly induced by such abortive treatment. The cutting of the stricture relieved many of the symptoms, but did not cure, and while it may often cure, it will not succeed in all cases of gleet, unless followed by such local treatment or indicated remedy as the individual case may seem to require.

Three weeks ago Mr. J., being out of town, noticed, one morning, as a result of sitting for some time on a cold, damp stone the day previous,

that he had a frequent desire to urinate and to defecate, with a dull pressive feeling in the perineum, in fact, many symptoms of acute prostatitis. Sabal serrulata, five drops in water every four hours, relieved all the symptoms in thirty-six hours, and since that time he has been perfectly well.

CLINICAL VERIFICATIONS OF SKOOKUM CHUCK.

BY DAVID W. INGALLS, M.D., BRIDGEPORT, CONN.

FROM the *Homœopathic Recorder*, November, 1889, I take the following: "In a very interesting paper in the *U. S. Medical Investigator*, Dr. W. D. Gentry, the well known author of the 'Concordance Repertory,' gives a brief account of the Skookum Chuck Lake and of the effects of the salts of its water when proved. The water is of a deep amber and almost red in the sunlight.

"The following is an analysis of the salts obtained by evaporation of the water, the proportion being in grains per U. S. gallon of two hundred and thirty-one cubic inches:

Sodic chloride	16.370
Potassic chloride	9.241
Sodic carbonate	63.543
Magnesian carbonate233
Ferrous carbonate526
Calcii carbonate186
Alumic oxide175
Sodic silicate	10.638
Organic matter551
	101.463

Lithic carbonate,
Potassic sulphate, } each a trace."
Sodic bi-carbonate,

It was Dr. W. D. Gentry who first called the attention of the medical profession to this valuable remedy, the properties of which were known to the Indians of the Spokane plain of Washington State, long before the Pale Face ever trod the sands of that wonderful country.

The lake is situated about thirty miles from Spokane Falls, Washington, being the great health resort of the Indians, who gave it the name of Skookum Chuck, meaning strong or good water. A story is told of a Frenchman passing the lake many years ago, before the properties of the water became known to the whites, with a drove of sheep afflicted with a disease called "scab." As soon as the sheep saw the water they ran to it but would not drink. They stood in the water for some time, and, in a few days, were cured of "scab." The Frenchman, who was suffering with rheumatism, concluded to try the water for his disease. He was speedily cured.

The drug was partially proven by Dr. Gentry, who procured some of the salt and made the first, second, third, and sixth potencies. Taking a two grain powder of the first decimal trituration every two hours, the first effect produced was a profuse

coryza with a constant sneezing, as in hay-fever. This was continued until the medicine was antiodoted with tobacco. The appetite was greatly increased; some rheumatic pains in the limbs, and heaviness about the sacrum.

Whether the Frenchman's story was true or not I do not know, but I can vouch for the following clinical provings of this valuable remedy. Knowing that the busy practitioner does not care to read a long list of clinical cases, I will give but six of the eighteen cases which I have cured with the drug, during the last six months, in my dispensary practice.

Case I.—Mrs. D., aged forty-eight years, suffered four years with eczema plantaris; fissured, red, and painful, which gave forth a viscid secretion, drying into scales half an inch in thickness. For the past two years the patient had not been able to wear shoes nor walk any distance, owing to the excessive soreness of the feet.

Patient consulted me March 1st, and the following treatment was given: Two grain powders of the 2nd x trit. of Skookum Chuck every two hours, and an ointment applied nightly consisting of Skookum salt, one drachm to the ounce of vaseline. In the morning the feet were washed with Skookum Chuck soap. April 1st, the patient walked to the dispensary in felt shoes. The fissures and greenish tinge of the crusts had nearly disappeared. The two-grain powders were then given every four hours, and the former treatment continued. On May 1st, patient walked to the dispensary, wearing leather shoes for the first time in two years. At this time the ointment was stopped, the fissures and crevices being hardly perceptible. The patient was advised to wash the feet night and morning with the Skookum Chuck soap.

June 1st patient presented herself stating that she had very little trouble with her feet, except some tenderness upon a mis-step. Appearance good.

A powder of the third x was given every night, together with the continued washing of the feet night and morning. July 1st the patient was discharged cured.

Case II.—Mrs. B., aged twenty-eight, eczema of the nose of one year's standing. The usual ointments were given, but without result. March 15th the following treatment was given: five-grain powder of the 2nd x trit. Skookum Chuck four times a day, together with the Skookum ointment, applied nightly. This case was entirely cured in six weeks.

Case III.—Mrs. H., aged twenty-three, benign growth in left breast about the size of a walnut, first noticed about eight months previously. Upon strict inquiry, no history of cancer or tuberculosis was given. One-grain powders of the first x were given, the first week every four hours. Two-grain powders of the second x were given every four the second week. Five-grain powders of the 3rd x were given the third week and continued seven weeks, when the patient was discharged cured.

Case IV.—Mr. S. was afflicted with eczema of the scalp, which spread from back of the ears to the eyebrows, covering the entire scalp with a squamous or scabby eczema, accompanied with a constant itching and shedding of scales. On March 18th the following treatment was given: Head to be washed four times a day with Skookum Chuck soap. A five-grain powder 2nd x trit. was given every hour during the first week, when sulphur, third decimal, was given for three days, and Skookum Chuck, second decimal, was continued for one week. One-grain powder of the 1st x was given in water four times a day for two weeks; then the third decimal trit. was used until June 1st, when patient was discharged cured.

Case V.—Mr. J., nasal catarrh, of years' standing. A greenish yellow discharge having the odor of a slight ozena. The patient has been so much relieved that he is at the present writing very comfortable, and believes that he will be permanently cured.

Case VI.—Mrs. D., aged thirty-six, prolonged suppuration due to abscess of the axilla; nine months' standing. June 20th, the following treatment was given: The abscess was washed four times a day with the solution of Skookum salts, five grains to one quart of water, and the 2d x given internally every two hours until July 10th, when the abscess was healed. A two-grain powder was then continued night and morning for one month, with no return of the abscess.

To sum up, I have simply verified what Dr. Gentry and others have given us about the remedy. I have used it with gratifying success in all suppurating wounds. It evidently has a great sphere of action, and I hope some day to see a good proving.

A REMEDY FOR WHOOPING COUGH.

BY R. E. HINMAN, M.D., ATLANTA, GA.

EARLY in May of the present year, I received, by the kindness of Schering and Glatz, a sufficient quantity of Formalin to thoroughly test it under various conditions. The results prove beyond doubt its remarkable antiseptic properties. Its action as a general antiseptic I shall not dwell on, but desire to call attention to conditions where it showed peculiar and valuable characteristics, especially in whooping cough.

There is probably no disease of childhood so discouraging and intractable, and especially when it appears in juvenile institutions, so persistent in its development of new cases among the uninoculated. On the 15th of June, whooping cough being epidemic among the children at the Puttenden Home near this city, I was requested to treat them. There were thirteen cases, in all stages, when the treatment given below was commenced. The patients were all placed in a closed room, and a one per cent. solution of Formalin was sprayed from an ordinary hand bulb atomizer for ten minutes three times a day, the spray being

thrown above the heads of the patients, saturating the air and inhaled by them.

A marked improvement was noted within two days, and after two weeks' treatment all were well and no new cases have developed.

In age these cases ranged from three months to four years, with one exception, a girl of about fourteen, whose duty it was to operate the spray.

It was with this last case that the result was most marked. Previous to the use of the spray the paroxysms had been so violent that she would rush to the open air and cling to some support, and cough until relief would come through sheer exhaustion. On the fourth day of the treatment the cough had so modified that only one or two comparatively mild paroxysms occurred, and after the fifth day none at all.

About the 20th of August I treated fifteen cases of the same disease at the Inman Orphanage. Here I used the steam atomizer and a one per cent. solution of Formalin for twenty minutes, three times a day, the room being closed as before. The result was better from the increase. Recent cases cured within a week, and all in ten days. The attendant, a woman of about fifty, reported great relief from the effects of the spray, of a troublesome bronchitis of years' standing.

These results undoubtedly prove the efficiency of the drug, and give it a definite position in the treatment of this harassing and heretofore intractable disease.

The simple method of application will appeal to all who have seen the disease in children's institutions, and experienced the difficulty of giving ordinary remedies.

In five cases of scarlet fever its modifying influence was immediate and marked, one comfort to the patients being the complete absence of flies and mosquitoes from the apartment after its use.

I am now testing its efficiency in two cases of pulmonary tuberculosis, but cannot report, as the treatment has only just begun. Its application to diphtheria suggests itself.

RAPID METHOD OF DEMONSTRATING TUBERCLE BACILLI IN SPUTA.*

BY JOHN D. KALES, M.D.

THOSE who have been engaged in the demonstration of bacteria, and the use of the various methods of staining them, have doubtless been prompted to simplify the technique as much as possible. They can thereby attain a much greater percentage of successful preparations when the work is being done by a large class in the laboratory.

A method that is carried out with ease and success by many students working together in a laboratory, must of necessity possess certain advantages that would favor its adoption by every

practitioner who realizes the diagnostic value of detecting tubercle bacilli, and has the necessary optical apparatus.

The writer has for several years stained sputa for tubercle bacilli by a rapid method, one quite generally adopted at present. It consisted in using the cover-glass as if it were a dish, and while holding it with a pair of forceps, the various staining fluids were boiled upon its surface, the cover-glass being held in the smokeless flame of an alcohol lamp or Bunsen burner. The usual carbon-fuchsin solution was used, and decolorization accomplished by any of the well-known means, *i.e.*, Orth's solution,* or nitric acid and water, 1 to 4. If Orth's solution is used, decolorization is slower and seems to yield preparations which have little tendency to fade.

Recently, the following method has been found still more convenient. However, in all methods where the flame is applied directly to a cover-glass for the purpose of heating or boiling a staining fluid, there is great need of using only the best quality of glass. This should be very thin, white and well annealed. The whiteness may be determined by looking at the edges of a package of glasses; these should show no greenish tinge. Their brittleness may be estimated by bending one between the fingers. It should stand considerable flexion before breaking. In buying cover-glasses, it is necessary to observe these conditions, for a large number that are sold are not fit to use in rapid staining methods where the flame is directly applied.

It is also very important that the forceps used for holding the cover-glass be of the right kind. The best are the curved fixation forceps made for oculists. Their blades are so set that fluids are not drawn between them by capillary attraction. They grasp the cover-glass firmly and may be locked. The teeth are of no use and can be smoothed off with a file.

One should be provided with a saturated alcoholic solution of fuchsin, which is made by adding dry fuchsin to a quantity of alcohol until no more will be dissolved. The excess will settle to the bottom of the fluid, and should be allowed to remain there. A pipette bottle is most convenient for this solution, which keeps indefinitely. A five per cent. solution of carbolic acid in distilled water should be at hand, and is best kept in a pipette bottle also. For decolorizing, a twenty-five per cent. solution of nitric acid is placed in a wine glass.

Suppose we use a thin, clean and perfectly dry cover-glass of good quality, three-fourths of an inch square, the film of sputum being fixed upon it in the usual manner. Then it will be found that twelve drops of the five per cent. carbolic acid solution will cover its surface. This is dropped on while the glass is held in the forceps. Then, with care, the fuchsin solution is added drop by drop. The first two drops make a blood-red

* From the *Journal of the American Medical Association*.

* Strong hydrochloric acid, 1 part; alcohol 30 parts; water, 70 parts.

precipitate in the carbolic acid solution, the third tends to clear this slightly, while the fourth should cause the precipitate to disappear entirely. Thus when twelve drops of the five per cent. carbolic acid are used, four drops of fuchsin will be found necessary. Other sizes of cover-glasses will require a different quantity of the stain, though the proportion between the two fluids will be practically maintained as 4 to 12 or 1 to 3. Whatever size glass is used, it must be completely covered with the carbolic acid solution, and it is well to add a few extra drops. This will prevent evaporation leaving any portion of the glass dry. We may ignore the above proportions and always drop the fuchsin until the precipitate that first forms, clears.

Holding the cover-glass in suitable forceps, the staining fluid is boiled upon its surface, but never long enough to dry on the glass. Wash the glass in a stream of running water, still holding it with the forceps, and then wave it back and forth in the decolorizing solution until all color is lost; this may take twenty or thirty seconds. Wash again in running water, dry with the help of blotting paper and heat. If desired, counter stain with cold saturated aqueous solution of methyl blue; if not, invert the dry glass on a drop of glycerine, balsam or water for examination.

The entire process of fixing, staining, decolorizing, etc., may take from two to four minutes, and during this time the glass has been held continually in the forceps.

There may be conditions when the application of a cold stain for tubercle bacilli—the cover-glass being left in the fluid for twenty-four hours—would be advantageous. The writer has seldom found such conditions necessary. But the above rapid process, which obviates the necessity for keeping on hand staining solutions liable to deteriorate, or for making up a stock solution whenever there is a suspicion that the one on hand has grown too old, has its advantages.

The overcoming of these difficulties may induce the general practitioner to avail himself more frequently of that method of detecting tuberculosis, which has now grown to have a very considerable importance.

DRUGGISTS RAIDED.

The Ohio Dairy and Food Commission has caused a great stir in that State by its wholesale arrest of druggists and grocers who sell adulterated or fraudulent so-called food-stuffs. The *Daily Times*, of this city, has published a full account of this affair, to which we are indebted for our facts.

The staff includes Prof. Charles T. P. Fennel, the chemist who makes the analyses upon which prosecutions are based. While something has been done in many parts of Ohio, the Cincinnati district has furnished the bulk of the cases, and the story of what has been accomplished has well served to illustrate the methods pursued in administering the Ohio laws. These laws, it is said in their behalf, are among the most complete on any statute book for the protection of the public against the adultera-

tion of articles used as food, beverages or medicine. In fact, Ohio is said to have but one rival in this field, and that is Massachusetts.

From the number of inquiries received by officers of the Commissions in other States, however, it seems quite likely that other commonwealths will be asked to put themselves in line with the Buckeye and Bay State folk on this question. Some slight changes were made in the existing laws at the last session of the Legislature, with the idea of rendering proceedings under the pure food acts easier and more expeditious, and the result appears to have been a quickening of the activities of the Commission.

Nearly all of the dealers arrested in the early part of the campaign were grocers who had sold food preparations which were anything but what they purported to be. C. Sunderman was charged with selling distilled colored vinegar as cider vinegar, and paid a fine of \$50 and costs. After this came a batch of prosecutions for sales of oleomargarine without displaying the sign required by the laws, which says that the Ohio grocer who deals in imitation butter must hang up in his shop a card, reading "Oleomargarine sold here." Each of the men arrested was fined \$50 and costs. Then followed many arrests for dealing in coffee, which contained burnt starch, burnt sugar, saccharine extracts, and so on. In "fruit jellies," in which the fruit element was limited to a small percentage of seeds; in "preserves," equally bereft of fruit components; in jellies, principally made up of water, grape, and cane sugars, ash and coloring matter. In each case the accused paid a fine of from \$25 to \$50 and costs. Then, too, there were spices which yielded coconut shells, rice, flour and ashes.

William Barsodi was the proprietor of scores of slot machines distributed in public places about the city, which did a brisk business in the way of furnishing a drink called lemonade, at the rate of a penny a glass. Justice Tyrrell and a jury heard the evidence, and on the strength of an analysis which showed that the "lemonade" was composed of water, sugar and tartaric acid, with no lemon whatever, fined the defendant \$100 in each of two cases. Another case which was watched with interest was that of Joseph Hoess, a dairyman, who was tried on October 2d on a charge of selling skimmed milk. It was shown by the evidence that the milk contained ninety per cent. water, and of the ten per cent. of solids only one-half per cent. represented fats. The State law requires a minimum of 3.125 per cent. of such fats. A jury trial resulted in a fine of \$150.

A second group of a different class has occupied the energies of the Commission for the last week or two. None of them has yet been decided. In these latter cases, druggists are the defendants, and, as the goods for dealing in which they were arrested are sold all over the country, the matter assumes an importance rarely found in cases tried before a justice of the peace. It has been intimated that the State officers would cause a stir when they invaded the drug stores, but the opening of this branch of their campaign even exceeded expectations on that score.

Mr. Keeshan and the employers of the clerks called to account are among the best known and most prominent men in their business in Cincinnati. The stores of all of them are in the business quarter, and each has a large trade. The prominence of the druggists and the evidence that was soon given that their cases would be fought out to the end have served to create and keep alive much interest in the proceedings, not only in their own trade and among physicians, but among the public as well, which, it happens, has consumed sufficient quantities of the goods which figure in the prosecutions to feel a good deal of concern in any statements made as to their composition and effects upon the human system.

An act to provide against the adulteration of food and drugs, passed March 20, 1884, directs that "No person shall, within this State, manufacture for sale, offer for sale or sell any drug or article of food which is adulterated, within the meaning of this act," and the second section

provides that the term "drug" shall include "all medicines for internal or external use, antiseptics, disinfectants, and cosmetics." In the case of drugs an article shall be deemed to be adulterated:

First—If, when sold under or by a name recognized in the United States Pharmacopœia, it differs from the standard of strength, quality, or purity laid down therein.

Second—If, when sold under or by a name not recognized in the United States Pharmacopœia, but which is found in some other pharmacopœia or other standard work on materia medica, it differs materially from the standard of strength, quality or purity laid down in such works.

Third—If its strength, quality or purity fall below the professed standard under which it is sold.

There is also a provision prohibiting misrepresentation in the labeling of all articles sold as food.

In the case of Milton Franken, clerk for Druggist Hall, Paskola is the turning point. Paskola, it may be remembered, has been discussed at length by Dr. R. G. Eccles, of Brooklyn, in the *Druggists' Circular*. Dr. Eccles was formerly a United States chemist at Washington, and is now Chairman of the Committee on Adulterations, of the New York State Pharmaceutical Association. He has been instrumental in exposing a number of patent medicines that were without merit. His analysis of this particular specific has excited a good deal of interest since the arrest of Franken.

The article in question has been called a pre-digested food, but Dr. Eccles says, among other things:

"In an analysis of Paskola made by me, I found it to be pre-digested starch (more commonly known as glucose), but sought in vain for any natural vegetable ferments. Fifty grains, properly diluted and tested with one grain of albumen by the usual process of producing peptone, gave, in my trial, no results. I found, also, both hydrochloric and sulphurous acids. The total of both acids was less than three-tenths of one per cent., the sulphurous being in quite small amount. There is enough of the latter present to give the odor of burnt sulphur to a freshly opened bottle. Paskola can be practically duplicated by the following formula: Glucose syrup, one pound; hydrochloric acid, fifty drops; sulphurous acid, U. S. P. (freshly prepared), six or eight drops."

Dr. Eccles goes on to treat of the physiological effect of glucose as an article of diet, and says that "to pre-digest starchy food would seem, therefore, to encourage diabetes, one of the most serious diseases known to medical science."

Prof. Fennel said that his analysis gave practically the same results as those reached by the Brooklyn chemist. "Paskola," he added, "may be pre-digested starch, but it is not pre-digested food. Circulars sent out with it say that it contains enough albumen to take the place of meat. I failed to find any albumen. Then, too, there is a pineapple represented on the label. I can't find the pineapple ferment, and I don't believe any living man will find it."

In the case of Druggist Wealththead's clerk, the grape juice sold was labeled "unfermented." The label also says it was made in New Jersey by the Speer New Jersey Wine Company, of Passaic. According to Prof. Fennel's analysis, it contains fifteen per cent. of alcohol, and also contains salicylic acid to preserve it. "The alcohol makes it more palatable," said the professor. "There is another point which might be brought out in cases where articles of this kind are concerned. Manufacturers sometimes claim that their goods are not alcoholic, and can be sold by druggists without paying the Dow law tax of \$250. In the present instance, however, the charge is that the salicylic acid is used."

No alcohol was found in the grape juice secured at Heisler's drug store. The article was made by the Welch Grape Juice Company, of Vineland, N. J., Prof. Fennel said: "Salicylic acid had been added. This grape juice has been recommended for children and nursing mothers, but the acid is most unsuitable for their use."

On these grape juice cases, Section 1 of an act of March

14, 1889, has an important bearing, inasmuch as it says: "All wines, imitation of wines, or other beverages produced from fruit into which carbonic acid gas has been artificially injected, which shall contain any alum, baryta, salts, caustic lime, carbonate of soda, carbonate of potash, carbonic salts of lead, salicylic acid, or other antiseptic coloring matter (other than produced from undried fruit), essence of ether, or any foreign substance whatever which is injurious to health, shall be denominated as adulterated wine; and any person or persons who shall manufacture or cause the same to be done with intent to sell, or shall sell or offer for sale any such wine or beverage, shall be guilty of a misdemeanor, and shall be punished by a fine of not less than \$200 or more than \$1,000, or be imprisoned in the county jail for a term of not less than thirty days or more than six months, or by both such fine and imprisonment, in the discretion of the court, and shall be liable to a penalty of \$1 per each gallon thereof sold, offered for sale, or manufactured with intent to sell; and such beverage shall be deemed a public nuisance and forfeited to the State," etc.

Many other samples of proprietary articles have been secured and will be subjected to investigation.

Prof. Fennel says that there is no desire to make the retailers suffer. He believes that the outcome of the whole matter will be to elevate pharmacy.

"A short time ago I analyzed some tablets made by a large Eastern firm, and said to contain five grains of a certain medicine. Some of the specimens examined contained less than two grains of the medicine it was alleged to be made of, while the other samples analyzed contained not even a fraction of a grain of the medicine of which it was said to be made. We hope in time to be able to wipe out such unscrupulous manufacturers, and thereby put the retail druggist back where he used to be years ago."

After the druggists' cases are settled, the commission will enter upon a new branch of its work, and pay its respects to dealers in liquor. The requirements of the law are stringent in the matter of alcoholic beverages. Among other things, the statute requires that "every package must be labeled with the name of the manufacturer rectifying or preparing the same, and also the words, 'containing no poisonous drugs or other added poisons.' Another provision is that 'whoever uses active poison in the manufacture or preparation of any intoxicating liquor or sells in any quantity any intoxicating liquor so manufactured, shall be imprisoned in the penitentiary from two to five years.' In the last month or two the commission has secured more than seventy samples of liquor sold in this vicinity. In nearly every case, it is said, ground for a prosecution has resulted from an analysis."

On the whole, the prospects for an active winter for the commission are exceedingly good.

Professor C. T. P. Fennel, who made the analysis of Vin Mariani on which Mr. John Keeshan was arrested on the charge of violating the Ohio Pure Food Law in the sale of Vin Mariani, the claim being made by Professor Fennel that said preparation was not up to the standard within the meaning of the law, has now acknowledged, it is said, that he has made a mistake in establishing what the standard is, and acknowledges to the counsel of Mariani & Company that he had not, at the time of making his analysis, examined the latest edition of the United States Dispensatory, and that Vin Mariani is clearly and completely up to standard as established therein. The case against Mr. Keeshan for the sale of Vin Mariani is thereby disposed of, and Professor Fennel has also authorized the public announcement through the press of the fact that the sale of Vin Mariani in the State of Ohio is perfectly lawful, and such sale cannot be interfered with under the laws. This clearly and completely vindicates the absolute purity of Vin Mariani, and gives it this extremely rigorous additional official endorsement of its standard quality and purity, and this endorsement is only a reiteration of the uniform endorsement this world-famed tonic has received during the past thirty years at the hands of leading authorities.

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THE STATE HOSPITALS FOR THE INSANE.

THE annual report of the Commission in Lunacy for this State for the year ending Oct. 1, 1893, presents a statement of the history and work accomplished in the state and private hospitals for the insane within their jurisdiction during the year 1893, which covers the medical and financial operations of the state hospital system, the exempted county system and the licensed private asylum system, together with the institutions for the idiotic and feeble-minded.

The State is divided into districts, and a patient cannot be received into a hospital beyond the district of his residence without first receiving the consent of the President of the Commission and the Superintendent of the hospital into which his admission is desired, except in the case of the Middletown State Homœopathic Hospital, which by special statute is authorized to receive from any part of the State patients for whom Homœopathic treatment is desired, the expense of transportation being charged to the State. The Commissioners suggest that if the statute which grants exemption to one hospital is to be continued, it should be amended so as to apply equally to all; in other words, that the judge approving the medical certificate should be authorized, wherever good and sufficient reasons are shown, to commit a patient to any state hospital. The Commissioners refer to the reports of the state hospitals to show that, as a result of the policy of State

care, the conditions of the institutions as regards organization, equipment, sanitary condition, fire protection, clothing, furniture, food supplies, discipline, nursing, means of diversion and occupation and medical service have been steadily progressive, and that the standard of care generally is unquestionably greatly in advance of that which prevailed at the time of the organization of the Commission.

The Commission state, also, that active steps have been taken to procure the appointment, at an early date, of a special pathologist, with a completely equipped laboratory, for the prosecution of investigations in neuro-anatomy, neuro-physiology, psychology and in the study of brain pathology. It is designed to make this department practically a school for the teaching of brain pathology to physicians who may desire to avail themselves of it, and especially to such of the physicians of the staffs of the respective state hospitals as possess an aptitude and a desire for such work.

The department outlined by the Commissioners the *Times* has long urged as a most important step in the management of our state hospitals, furnishing to the profession generally, in published reports, and to those students who avail themselves of its privileges, unequaled advantages in the study of disease through the nervous system. It is certainly a most important step in the right direction.

The tables of the recoveries and deaths in the state hospitals, prepared from the reports of the Superintendents, which we give below, will undoubtedly be of interest to our readers:

RECOVERIES.

	On Number Admitted.	On Average Daily Population.	What Number Treated.	Dis- charged.
Hudson River State Hospital,	20.00	9.50	6.00	33.33
Utica " "	23.43	9.30	6.09	34.65
Willard " "	10.74	1.94	1.06	12.05
Middletown " "	31.19	10.97	8.93	48.85
Buffalo " "	30.53	17.02	10.23	31.38
Binghamton " "	13.60	2.50	2.20	40.00
St. Lawrence " "	21.80	11.20	7.70	45.80
Rochester " "	12.40	6.07	4.49	18.40
Matteawan " "	30.50	9.30	7.73	65.45
Average.	22.12	8.62	7.36	36.64

DEATHS.

	On Number Admitted.	On Average Daily Population.	What Number Treated.	Dis- charged.
Hudson River State Hospital,	23.75	11.50	8.00	40.00
Utica " "	24.80	10.18	7.73	38.36
Willard " "	43.00	7.74	6.64	50.40
Middletown " "	23.03	8.09	6.59	36.07
Buffalo " "	15.27	8.51	5.33	15.09
Binghamton " "	30.00	6.30	8.10	50.00
St. Lawrence " "	23.00	11.80	8.10	47.70
Rochester " "	24.80	8.35	6.17	25.37
Matteawan " "	12.71	3.88	3.22	20.00
Average.	25.48	8.47	6.35	31.36

"PREPARATORY EDUCATION."

UNDER the above heading, we notice some very excellent suggestions made editorially in a recent number of an esteemed contemporary, and with which we are in accord. The well-known aphorism, "Knowledge is power," although as old as the reign of "Good Queen Bess," is as potent a truth now as when enunciated by the philosophic Bacon in that wonderful period of English history. As respects medical education, which is the subject of the editorial suggestions we have named, it is not uncommon to hear older members of the profession speak of the facilities for the acquisition of knowledge that are offered to the student in every department of medicine which did not exist in their day. This is no doubt true, but it must be remembered, not only that knowledge is power, but that science is essentially and necessarily progressive, and that the student of to-day must determine to be a student as long as he lives, in order to keep pace with the wonderful and ever increasing developments that are daily and hourly responding to scientific industry and ability. We said that the suggestions of our editorial *confrère* were excellent *per se*, and it would indeed be a most desirable consummation if they could be carried out, and made the *sine qua non* of a thorough medical education. The plan proposed of having "a school strictly preparatory to a course of medicine, in direct, closest union with each medical college, entrance to which latter shall be conditioned solely upon the possession of a degree or certificate of graduation from the former," is doubtless a most excellent one. While he recommends that the study of physics, chemistry, botany, biology and zoology should be "dropped from the medical courses," the student being supposed to have graduated in these studies, he speaks of the absurdity of the study of Latin, and of its inclusion in the first year. It seems to us that it would be much more consistent with and promotive of a thorough preparatory education, especially a thorough medical education, if it should become known and accepted by the parents and guardians of the young, who propose for them the adoption of the profession of medicine, that they should be instructed, not only in the Latin, in the early beginnings of their education, but that the Greek language should be added, as an indispensable element of that education, and as many more of the different languages, particularly the German, as can be included in the primitive curriculum.

There's a very old saying, and a very true one, "It's hard to teach an old dog young tricks." This applies as well to the human as to the canine animal, and to begin the study of Latin and Greek when the duties and occupations of subsequent life are imminent and pressing, and the student impatient to enter upon the performance of them, would be to impose an irksome task upon a reluctant and unwilling mind. It's as much, and more than he can do to hope to occupy the vast field of scientific medical exploration that stretches out before him, and to comprehend the world of scientific thought and experience that is presented to him every day and hour. Therefore, we say, let him begin early, while the volume of his brain is being unfolded, to inscribe upon its pages the ancient lore, which, like the "Rosetta stone" of Champollion, shall enable him to decipher and unravel the obscure signs and symbols of the professional lore that shall occupy him, and to determine at a glance their hidden and otherwise obscure meanings.

We have heard, more than once, expressions of derision upon the proposed necessity for instruction in these various tongues, and more than once have we wondered at the hebetude and folly of all such expressions. We have always been forcibly reminded of good old Æsop's fable of the fox that had had his tail cut off, and to cover his discomfort recommended the fashion of the amputated caudal appendage, and grew eloquent over its supplemental physical beauty. Every physician knows, and very many to their cost, that their ignorance, so often profound, of the simplest word rendered in Latin, Greek, German, French, or in any other language but their native tongue, which latter, by the bye, is too often most barbarously crucified, is a perpetual source of mortification and difficulty which lasts them all their life time. The knowledge of the Latin and Greek languages is an inestimable facility and help in the vernacular of medical science as universally adopted to-day, and to which derivatives from these two tongues are constantly being added. Any one who has devoted years of his life to the instruction of medical students, well knows how appalling and hopeless, and unhappily, but too frequent are the ignorance and unfitness of many who propose to enter upon the duties of—as it has been named—"the noblest of all callings." Not only is this true of students, but alas! in too many instances, the same unfitness applies to their teachers and *soi disant* professors, and what they lack in knowledge they

make haste to cover by propounding at their final examinations "catch questions" to entrap and confound and defeat the unhappy candidate for graduation. Within a few days we have been told by students of these most unworthy practices, and the questions, the failure to answer which resulted in the rejection of many of them, were in many instances, illegitimate irrelevant and of no practical value whatsoever. We venture to affirm that to such teachers the blackboard is indeed a *bête noir*, a spook to scare away sleep, and that the Latin or Greek interpretation and derivation of a host of the terms used in medicine, is to them an unknown quantity. We would say to our journalistic *confrère*, urge on the idea so well begun; repeat the need of a more complete preparatory education, and we would be heartily glad to see both his and our own suggestions upon that most important subject universally adopted.

METROPOLITAN TRAINING SCHOOL.

THE "CHURCHMAN," in a recent issue, gives a very interesting account of the Training School for Nurses, now in full and successful working order in connection with the Metropolitan Hospital, formerly Ward's Island. Owing to the careful selection of pupils, and their thorough training, the graduates from this school are among the most successful and popular in their profession. A postal addressed to Dr. Stewart, Metropolitan Hospital, Blackwell's Island, or to the Hahnemann Hospital, New York, will always receive immediate attention. The *Churchman* says:

"One of our most successful training schools for nurses is that of the Metropolitan Hospital on Blackwell's Island, which is ecclesiastically under the care of the City Mission. The Metropolitan Hospital is the large stone building on the north end of Blackwell's Island, surmounted by a dome. It was formerly used as a female insane asylum, and during such occupancy was visited by Charles Dickens, and its magnificent rotunda described by him in his "American Notes." On the transfer of its inmates to Ward's Island, the Homœopathic Hospital there was removed to the asylum buildings, and now, as the Metropolitan Hospital, it educates in its training school women for nurses so thoroughly that they are acceptable in all schools. This school is a very acceptable one, and has been in existence about three years. Last year ten nurses were

graduated. There are at present in the school twenty-five students, and by next spring thirty-five nurses will be in attendance.

"The Superintendent, Dr. George Taylor Stewart, is a devoted churchman, and has taken a deep interest in the development of the School. In his position of Chief of Staff, he has been able to do much to second the efforts of the energetic chaplain, the Rev. C. W. de Lyon Nichols, who is also Episcopal chaplain of Ward's Island. A very beautiful chapel, built of stone, has been erected outside of the hospital building. The chancel has been recently carpeted with velvet, donated by Cornelius Vanderbilt. Mrs. R. N. L. Townsend, one of the benefactors of the hospital, has recently given an exquisite dossal in white and gold. The nurses are refined women, remarkable for their attendance on the service of of the chapel. The chaplain has organized a chapel choir, composed of twelve doctors and nurses, who give their earnest attention to the church music rendered. The choir also forms a school of sacred Italian singing, also under the direction of the chaplain. The nurses live in a commodious house a short distance from the main building."

A PROPHECY FULFILLED.

MOST of the older members of our profession in this city will recall the picture of Dr. James R. Wood, one of the most distinguished surgeons of his age, as he stood before the operating table in his white apron and his arms bared to the elbow, and the few terse and impressive words he uttered, if before his class, before commencing his operation. On one occasion, in the amphitheatre of Bellevue Hospital, he preceded his operation with an amusing prophecy. "We have," he said, "the specialist of the eye, the specialist of the throat, the specialist of the lungs and the specialist of the kidneys; and, gentlemen, you will live to see the day—though I thank God I shall not—when there will exist the specialist of the small intestines and the specialist of the big guts."

BROMOFORM.

BROMINE in its various combinations has long been considered one of the most active and useful remedies in our pharmacopœa. Recently a new combination has been formed under the name of bromoform, in which milk of lime is saturated with bromine, then alcohol added, and the mix-

ture distilled. The mixture should be kept in colored bottles as when exposed to light and heat free bromine is eliminated, the mixture becoming a brownish red, and its properties changed. In whooping cough it seems to have a specific action and is now administered in this trouble with uniform good results. The remedy is given in from one to four drops of sugar, according to age, commencing with one drop four times a day. In seasickness the remedy has proved invaluable, given to adults in from five to ten drops. When pushed to its full toxicological action we notice pallor, staggering, dilatation of the pupils, coma, heart failure and collapse.

DELICACIES FOR THE SICK.

WE are confident we are doing the profession a service which they will heartily appreciate, when we inform them where they can obtain some of the many delicacies so grateful to the sick, and which would be more frequently prescribed could they be obtained pure and of the best quality. We have had occasion to test the goods of Mrs. J. W. Barrow, 119 East Thirtieth Street, and found them always precisely as represented, the fruit jellies made from fruit of the best quality, the calves' foot jelly made from calves' feet, the blackberry and wild cherry brandy made of the best material of brandy and fruit, and the broths and beef extracts prepared according to the most scientific principles. Everything is precisely as represented.

PASTEURIZATION OF MILK.—So much attention has been given recently to the sterilization of milk, when used as food for babies, that the carefully expressed views of the *Sanitarium* upon this subject, and the directions for its preparation will be of interest to the public. Boiling milk renders it indigestible for babies, and it should simply be brought to a temperature of 160°. This can be done by putting the milk into a clean bottle, using as a cork a wad of cotton, placing it in a pail with sufficient water to keep it upright and bringing the water to 160°. Then remove the pail from the fire and let the bottle remain in the water ten minutes, when it can be taken out, cooled and corked, and used within the next twenty-four hours. The bacilli of tuberculosis and other disease germs contracted from outside sources, are destroyed by a temperature of 160°, and the milk rendered absolutely sweet and pure.

TYPHOID FEVER.—Acting on the experiments of Werner, at St. Petersburg, showing that one-half per cent. of chloroform will kill the bacillus of enteric fever, and of McIntire, that carbolic acid not only controls the development of the bacillus but acts as an antiseptic on the intestinal canal, Dr. R. H. Quill, of the British Army Medical Staff in India, where the fever is most fatal, has treated all his typhoid cases the past year with this combined remedy, without the loss of a single case. The treatment was commenced by three grains of calomel, to clear the bowels of their contents, and followed by a mixture composed of thirty-six minims of carbolic acid, two drachms of the spirits of chloroform, three drachms of the compound spirits of cardamom, two ounces of syrup of nemidesmus, and added chloroform water to make twelve ounces. Of this mixture two tablespoons were given the first day every two hours; the next day five doses of the mixture were given, in iced water, and ten doses each day after, until there was a fall of temperature and marked general improvement, when it could be gradually decreased to three doses during the twenty-four hours, which should be kept up, to prevent relapse, for a week after the temperature was normal. Digestion continued in good condition, tendency to diarrhoea was checked, there was an absence of tympanites, and there was at no time any tendency to delirium or stupor, and convalescence was rapid.

BUTYL-CHLORAL AS AN ANTIDOTE TO STRYCHNINE.—Grigorescu (*Arch. de Physiol.*) in the course of some experiments to determine the action of toxic substances upon the excitability of peripheral nerves and muscles, developed the fact that butyl-chloral opposes the toxic action of strychnine. He found that if injections of strychnine were made (in frogs), those which received also the butyl-chloral remained torpid, while those with strychnine alone were tetanized. The least noise increased the tetanus of the latter, but the former did not show any spasm. After some hours the butyl-chloral was eliminated, then these frogs were seized with tetanus, as were the others. On repeating the antidote up to the elimination of the strychnine, complete cures resulted. On experimenting with larger frogs similar results were obtained. The observations demonstrate that butyl-chloral energetically opposes its physiological action to the physiological action of strychnine.

SHOULD DISEASED PELVIC ORGANS ALWAYS BE REMOVED?—Dr. G. Betton Massey, of Philadelphia (*Annals of Gynecology and Pediatrics*), has this to say in regard to this question: If the only proper course to pursue in pelvic diseases is to remove diseased organs, how happens it that this principle has not been applied to other portions of the body? Typhoid fever, dyspepsia, chronic metritis, and the whole list of organic inflammations are clearly due to local diseased organs, yet we do not hear of the removal of these structures being either proposed or practiced. It may be said, of course, that the preservation of life would be impossible should the organs be removed in these cases, but such questions of expediency do not have place when the parts affected are not more essential to life than the pelvic organs; yet we still fail to hear of any penis being removed for gleet or stricture, testes for mere orchitis, limbs for an orchitis, or eyes for a keratitis. It is even considered profitable to remove the ovaries for an ecchymotic extravasation of blood into the broad ligament or surrounding cavities or tissues, although it is known that a much larger hematoma of the orbit, a black eye, will get well in a few days. But even if it were the practice to remove organs not hopelessly diseased in other departments of surgery, it would still be proper to protest against such a low estimate of medical responsibilities in any case, and to point out that even a cure of an affection gained by the loss of a portion of the human body is a confession of scientific incompleteness with which we should not be satisfied.

QUALIFICATIONS FOR GRADUATION IN MEDICINE.—The Association of American Medical Colleges, at a meeting held at San Francisco, during the session of the American Medical Association, adopted rules regarding matriculation and graduation, the substance of which is as follows: Colleges, members of the Association, shall require of all matriculants an examination in (1) English composition in the handwriting of the applicant of not less than two hundred words, said composition to include construction, punctuation and spelling; (2) Arithmetic, fundamental rules, common and decimal fractions, and ratio and proportion; (3) Algebra—through quadratics; (4) Elementary physics; (5) Latin—an amount equal to one year's study, as indicated in Harkness' Latin reader. Certain students are exempt from the entrance examinations. The following classes are recognized as en-

titled to apply for advanced standing in medical colleges: Such graduates of recognized colleges and universities as have completed the prescribed courses in chemistry and biology therein; graduates and matriculates of colleges of Homœopathy; graduates and matriculates of colleges of Eclectic medicine; graduates and matriculates of colleges of dentistry requiring two or more courses of lectures before conferring the degree of D. D. S.; graduates and matriculates of colleges of pharmacy; graduates and matriculates of colleges of veterinary medicine. It is provided, however, that the above class of students be required to comply with the provisions of the entrance examination, and to prove their fitness for advanced standing by an individual examination upon each branch below the class he or she may desire to enter. Students graduating in 1899 or subsequently shall be required to pursue the study of medicine four years, and to attend four annual courses of lectures of not less than six months' duration each.

THE DANGERS OF THYROID EXTRACT.

—Dr. W. D. James reports in the *British Journal of Dermatology*, a case of glycosuria caused by thyroid extract given for the relief of psoriasis. The patient was a physician, had taken the extract in small doses for some time without effect upon the disease, and then increased the dose quite suddenly. At the end of a week he began to suffer quite severely from depression, with frequent flushings and palpitations. The nervous symptoms increased, and the patient felt and looked like a very old man. Before another week elapsed his thirst became unquenchable; the quantity of urine greatly increased, the breathing became embarrassed, the pulse rose to 132 per minute, and the smell of acetone was detected in the breath. The urine had a specific gravity of 1.032, and sugar was freely found by all tests. The thyroid treatment was at once stopped, and anti-diabetic diet adopted, with the result that the quantity of sugar decreased daily, and disappeared entirely in a few days. No improvement was noted in the psoriasis.

REMOVAL OF GUNPOWDER STAINS.—

F. T. Field writes to the *American Therapist* that in a case of gunpowder "stains" on the face the grains were removed by dropping on the "stain" a minute quantity of glycerole of papain and pricking it in with a fine needle, as in tattooing. The result was a complete and successful removing of the stains, with but trifling irritation or swelling.

DANGERS OF COCAINE.—Dr. A. R. Baker, of Cleveland, Ohio, in a paper published in the *American Journal of Ophthalmology*, recapitulates the dangers of cocaine in a collection of ten fatal cases of poisoning by the drug. The smallest fatal dose where a measured quantity was given was two-thirds of a grain, which was injected into an eye, with the result that immediate unconsciousness was produced, followed by death in four hours. One grain injected into the gums by a dentist produced death in a few minutes. The application of a ten per cent. solution to the larynx with a brush was also fatal, unconsciousness following almost at once and death in three hours. The author also reports a case where the instillation of a six per cent. solution was followed by alarming depression; with periods of unconsciousness attended with delirium.

A COURSE of clinical, medical and surgical lectures will be given at the Metropolitan Hospital, Blackwell's Island, by the medical board, assisted by the house staff, on Saturday afternoons during the fall, winter and spring months. The abundance of every variety of clinical material in the hospital will be utilized as far as is necessary in the lectures. The professor and medical students are cordially invited to attend. For further information, address Dr. Buck C. Carleton, chairman committee on clinical instruction, 173 West 47th Street.

SO far as the number of students is concerned, Philadelphia is the medical center of the United States. There are 2,400 students, of which 875 are in the University of Pennsylvania; 700 in Jefferson; 325 in Hahnemann; 300 Medico-Chirurgical; 200 women.

IN a very interesting and instructive article in No. 1 "Codex Medicis," Philadelphia, Dr. Souterbach refers to the nose as a frequent unrecognized cause of a great variety of diseases, more especially those affecting the throat and the laryngeal and bronchial passages, and more especially in children, including troubles in the stomach and intestinal canal. The author is very emphatic in his recommendation, in all cases, be very careful of the nasal passage.

BACTERIA AS A CAUSE OF COMBUSTION.—Experiments made by Prof. F. Cohn (*Jour. Royal Mic. Soc.*) regarding the cause of the so-called "spontaneous combustion" of

masses of cotton, grass, tobacco, etc., have led him to the conclusion that it is invariably due to a fermentation caused by thermogenous bacteria.

No perceptible rise in temperature takes place in heaps of cotton, whether dry or moist, or even if saturated with oil, when the presence of bacteria is carefully excluded. The special micro-organism concerned in the combustion of cotton appears to be a micrococcus which is present in great quantities in the soil of cotton plantations.

JUTE IN OBSTETRICS.—Corrosive jute is now used in the best regulated maternities in place of sponges, wash-rags and absorbent cotton, it being clean, soft and remarkably absorbent. On account of its cheapness, it is destroyed by burning immediately after use. The occlusion pads to absorb the lochia are also composed of jute, and are likewise destroyed when removed. This pad, when properly made, will hold a pint of fluid. Its adoption as a menstrual pad, particularly by ladies traveling, is also quite general.

BIBLIOGRAPHICAL.

LANDMARKS IN GYNÆCOLOGY. By Byron Robinson, B. S. M. D. Two volumes. Geo. S. Dans, publisher Physicians' Leisure Library.

These volumes are an abstract of some of the author's lectures at the Chicago Post Graduate School during the past three years. The landmarks include anatomy, menstruation, sabu, abortion, gonorrhoea, tumors, under which the author thinks will be found the disease under which the patient suffers.

PRESCRIBING AND TREATMENT OF THE DISEASES OF INFANTS AND CHILDREN. By Philip E. Muskett. Third edition. Edinburgh and London: Young & Penthard.

A pocket manual, embracing an epitome of current medical literature of the diseases of child life.

Part I. is devoted to dosage and therapeutics in the diseases of infants and children considered from an old school standpoint.

Part II. is devoted to the treatment of diseases of infants and children from the same standpoint, and in Part III. a variety of food recipes are given.

TREATMENT OF THE DISEASES OF THE STOMACH AND INTESTINES. By Dr. Albert Mathien. New York: William Wood & Co.

The author says in his preface: "Two facts brought forward in recent years have changed very considerably one view concerning gastro intestinal pathology; these are the advances made in the chemistry of the stomach, and the demonstration of the pathogenic importance of intoxication of intestinal origin. Our aim has been to show clearly in what measure these new ideas have modified the indications for treatment, to set forth the objects which the therapist has to prepare to himself and to indicate the measure of his disposition for fulfilling them. In the light of the new facts developed within the past few years, the author has given a very clear summary of the therapeutics of the diseases of the stomach and intestines."

A TEXT BOOK OF PRACTICAL THERAPEUTICS. By HOBART AMOREY HARE, M. D., B. S. Fourth edition enlarged and thoroughly revised. Philadelphia: Lea Brothers, 1894.

In a notice of a previous edition, we have spoken of the great excellence of this work. The fact that the present is the fourth edition within four years, and that each year there is an increased demand for it shows the estimation in which it is held by the profession. The author has taken advantage of the opportunity to rewrite and add to many of the articles on drugs, remedial measures and diseases, insert practical information concerning the value and puxuplea of new remedies. Articles on methyline, blue chloralosi, ryragallol, cundmango, lanrakgria, duboisino, and other remedies have been added to the part of the work dealing with drugs. Several new articles in the part devoted to the treatment of individual diseases have been inserted, and new or modified applications of the older remedies carefully noted. The doses of all drugs have been given in both apothecaries' and metric weights.

BREAD FROM STONES. A new and rational system of land fertilizing and physical regeneration. Translated from the German. Philadelphia: A. I. Taffel, 1011 Arch Street. Twenty-five cents.

The argument of this exceedingly interesting little book is clearly stated in the publisher's preface. "For years mankind has tacitly accepted the idea that fertilization must be done, in plain Anglo-Saxon, with filth—animal, bird, or human excrement, rotten bones, sewage, rotten anything, reinforced, to be sure, with such chemical matter as nitre, super-phosphates, lime, etc., yet every one knows that despite all such matter put in the earth, the land is slowly losing its fertility, that insect pests increase, and what is not so well known, the quality of the earth's products is deteriorating. Hensel saw what some day all the world will see, that plants require healthy food in order to flourish as much as man or beast does and that sewage, etc., was not a healthy food. As will be seen in the following pages, he goes back to the beginning in his search for plant food and finds it in the primeval rocks. Tea or such food plants will yield to mankind cereals and fruits that are healthy, wholesome and life sustaining. The plants being healthy, will escape disease, and parasites and many of the ills of man due to troublesome food from plants will disappear. This idea of Hensel has found in Germany many enthusiastic supporters, not only among farmers, horticulturists and gardeners, but also among clergymen, physicians and public spirited men, who see in it one of the means by which the human race is to be at least physically regenerated and a sound body is the proper base for a sound mind."

The author, in reply to the question, what will fertilizing with stone dust accomplish? says: "1. Turn stone into bread and make barren regions fruitful. 2. Cause healthy cereals to be harvested and thus prevent epidemics. 3. Make agriculture again profitable, by revealing the inexhaustible nutritious forces which hitherto unrecognized, are stored up in the rocks, the air and the water." Information in regard to these fertilizers can be obtained from the publisher.

Hiccough and Hereditary Syphilis.—Carini has written a paper (*Internat. Klin. Rundschau*) in which he advances the opinion that hiccough in the new-born is to be looked upon as a symptom of hereditary syphilis. It is of such common occurrence in such cases as to be almost always present. He regards it as one of the earliest signs of the disease, coming on, at times, before the coryza, and frequently but a few hours after birth. Of course, there are cases which occur in which the cutaneous symptoms are such as to place all doubt of a diagnosis beyond reach of mistakes. However, where no eruption exists, the effects of specific treatment on the hiccough are marked. The author cites a number of cases in confirmation of this.

CORRESPONDENCE.

PARIS HOTELS AND THEIR DOCTORS.

HOW AMERICANS ARE OFTEN CHEATED IN THE GAY CITY.

To the Editor of the N. Y. MEDICAL TIMES:

DEAR SIR AND CONFRERE.—During the last few days, whenever one meets Americans, the first question which is asked is what do you think of Bourget's "Ostre Mer," or "the Americans at home," being, as every one knows, Mr. Bourget's impressions of America and observations made during his recently brief visit. Mr. Bourget has much to say, but I have seen no one who does not find it rather tiresome to read—what has already been written again and again and in a more catching style. So the Americans whom I have met, say, (and I have met some very competent judges of the literary merit of the work, which would probably have fallen very flat indeed, had it not been "boomed" by a certain Paris newspaper, read chiefly by Americans on the Continent), and I think perhaps if some gifted American writer would come to Paris and get behind the scenes, and tell Americans something of the inner life of the Parisians, and expose the multitude of "little games," they are up to when American or English visitors are among them and in their hands, I fancy a good deal of indignation and some amusement would be the result, while the information would be of the highest practical use to Americans coming to Paris. Recently there was a correspondence in the Paris edition of the *Herald*, as to the shameless way foreigners are swindled whenever a death happens to occur in any hotel. The proprietor generally at once takes means to squeeze as much out of the grief stricken relations as possible. One thousand francs (two hundred dollars) is the usual sum demanded as "indemnity." They pretend that the room must be repapered, the bed taken away, the whole furniture cleaned, etc., and the use of the room is lost to the proprietor during some weeks, while all this work is going on; and then the injury done to the "clientele" by a death having occurred in the house! "Oh! One thousand francs is really a very moderate sum to pay for the 'sad occurrence,' Monsieur! I assure you, I lose by it. I do indeed, Monsieur, only, Americans are good clients, and I should be sorry even to appear to be unreasonable to so distinguished a family, etc., and with an oily tongue and a tissue of atrocious lies, he generally succeeds in getting a thousand francs or even much more. I have known three thousand francs paid in one case, by ladies who were helpless in the hands of one of these rascals. As a matter of fact, it is seldom that one hundred francs is spent on any sort of renovation, for often a proper and necessary amount of cleaning is not done, and the room is let again as soon as any one is found to occupy it. Thus they cheat the dead and the living. (I do not refer here to deaths from infectious diseases, but from ordinary causes.)

Another trick, which very much more intimately concerns our profession, is the system existing in Paris of having a doctor attached to a hotel, who pays a very considerable sum every year to the said hotel for the "practice" of the hotel. It is not at all difficult to see the frightful evils which can arise from such a practice. It is to the interest of the hotel keepers to keep people as long as they can.

In cases of illness, "extras" of every sort are necessary and these extras are the very cream of the profits of the business. It would be too long to discuss these extras and the outrageous price charged; but the visitor's pocket must be very long and well lined to stand the expense. One can easily see that when the doctor is actually obliged to make his dollars out of the patient to pay the hotel for the "practice," the patient is pretty well between two fires, and pretty hot fires too. And then the tricks which are played on visitors who are wise enough not to accept the doctor recommended specially by the

hotel, are very numerous. A few weeks ago, I met a lady, a patient of mine who was staying in one of the large hotels in Paris, and who expressed surprise at seeing me, as she had been told that I was away from Paris. On inquiring who had told her so, I was astonished to learn that she had requested me to be sent for, as she was feeling unwell; and the messenger (from the hotel) came back to say that Dr. Middleton was away from Paris, and would not be back for six weeks, and so they had called the "hotel doctor!" The lady was not satisfied, however, and consulted some one else; but it is needless to say that the whole story of my being away was an invention, and for very apparent reasons.

I do not wish to do any injustice unwittingly to my medical colleagues here; I don't know *one*, English or American, I am thankful to say (I mean men possessing English or American diplomas as well as French), who stoop to this *paying* system, but there are more than one who profess to be English or American who possess no English or American diploma; who even speak our language very imperfectly; who have no experience of English or American practice *at home*, and yet are imposed by this abominable system upon ignorant and long suffering foreigners in case of illness.

I believe Dr. Thomas Linn, whose removal was a great loss to our profession in Paris, and who was obliged on account of health to remove to Nice, where he is the brightest ornament and one of the most able physicians, if not the ablest, on the whole French Riviera; a man respected for his honesty and loved for his sympathy, and trusted for his rare gifts and professional experience, began this war against this hotel system, and was the one man to set his face against having the hotel clerks, waiters, porters, and all sorts of people connected with the hotels, in his pay, in order to catch the unwary. Perhaps nothing is a greater scandal to our profession than this; and yet nothing, alas! is more common in scores of the best hotels in Paris to-day than this system of "touting," low, shameful, and little better than a swindle. As it is, no man who respects himself could, I think, permit, much less employ and pay largely for such a system of touting; and who could trust or expect to be dealt with in a conscientious and capable manner by such medical charlatans? Alas! as many a young man has told me, they only find out that they have been swindled when weeks have been wasted and hundreds of dollars spent; and the patients, like the woman in the scriptures, are no better, but *rather* worse—oh, yes! *very much* "rather," in some cases within my own knowledge.

The advice I would give to all Americans is this: Don't ask your hotel people for a doctor, and don't listen to hall porters, "guides" and other people who may be in the pay of any one; but either go to a respectable pharmacy, such as, for instance, Beral, 14 Rue de la Paix, or any good American pharmacy, and ask the address of a respectable physician, or look out the address in the *medical* directory of Paris, and choose your physician. As a rule, you will find such men as my friend, Dr. George Bull, the well-known American oculist here; or any good physician will be (as I am myself) always ready to help Americans who may be very imperfectly acquainted with the language, not only if they are ill and need medical care, or if they need advice as to other places and climates, but also if they need some *friendly* advice on any matter connected with their Paris visit. I am sure any one of us would readily go out of our way to be of service, under such circumstances, for we desire to be worthy of our noble profession, which is proverbially a generous one, and which would never allow a physician of elevated sentiments to truckle to swindling hotels.

As I write, I have just had brought to me by the post a circular letter offering a practice among English and American visitors in Paris for sale. This document comes as an additional proof of what I have written; for it plainly states that the vendor holds the appointment as English physician to several hotels, which appointments are transferable; so that the existence of a traffic of this

sort needs no further proofs, but the monopoly is sold to the best professional customer apparently, and the hotel keeper pockets the lump sum, while the buyer makes it out of the unfortunate people who have the bad luck to be attended by the "appointed physician" of the hotel.

I must finish my letter, but I cannot refrain from ending it by a story of which the truth is well known to several physicians here in Paris, and which illustrates in a striking manner the shameless way in which the concierge of a hotel (a very important position for a servant in any large hotel, and who often pays as much as 4,000 to 10,000 francs a year to the proprietor for *his* place, which he makes out of the voluntary "tips," or *pourboires*, given by visitors on departure, or made up also by less honest means, often) did his best to annoy and insult and injure a well-known English physician. This is the story. Late one night Dr. B. was called by the concierge of a large, well-known hotel in the center of Paris, to see a patient who was suddenly taken ill. The doctor saw the patient, and was leaving the hotel, when this servant, in a sort of half familiar, half confidential way, invited the physician to give him a *douceur*, or share of the fee (which is generally large, for this very reason), as he was the cause of his being sent for. But the man had made a mistake.

Dr. B. is not only the recognized correspondent of one of the best known English medical papers, but he is also a Laureate of the Faculty of Paris, and not in any way a man to truckle to the tricks of hotel servants. Calmly, and with grave dignity, the good doctor refused, and went on his way to his professional residence, but the servant was furious; never before had he met with such treatment! never before had he been refused his *rights*! in fact, never before had he met, it appeared, a *doctor* and a *gentleman* who understood what was due to himself and his profession. The man resolved to be revenged on the honest doctor, and sought for an occasion; it soon came. Shortly after this refusal to rob the patient to pay this tout, a cab drove up to the hotel in the small hours of the morning, and in it was a man well dressed, but in a state of beastly intoxication. The concierge, seeing the state of the man, said to the coachman: "Oh! you have made a mistake; it was not here that you should have brought this drunken gentleman, for you should have taken him to his own residence." "But, who is he?" asked the astonished coachman, "I don't know him." "Oh!" said the hotel man, "that is Dr. B.; his residence is not very far away (giving the exact address of the doctor); and if you take him home, and ring up the servants, you will, no doubt, be well paid; *we know him to be a very generous gentleman!*"

Away went the coachman to the doctor's house, with visions of a splendid reward for all his midnight care and trouble of this drunken man.

Reaching the door of the house he rang the bell violently. The concierge of the house, half asleep, opened the door on the dark forms of the coachman and cab, and asked what he wanted ringing so furiously. "Oh," said he, "I've brought home Dr. B., who is dead drunk, and you must hurry up to the sixth floor and get down his servant that we may be able to carry him up to his bed, for he is a heavy man and the stairs are difficult. The concierge, seeing the form of an intoxicated man in the cab, at once took for granted that it was indeed the doctor coming home drunk, and hurried up to get the servant awakened and assist him to get the room ready for their master, while the cabby patiently waited beside the drunk and now snoring individual in the cab. The valet, being awakened, and learning the state of his supposed master, and fearing difficulty without plenty of light, lighted up the hall, the stairway, and then proceeded to light up the doctor's bedroom before finally descending to help to bring up the sufferer from alcoholic sins. While lighting the bedroom lamps, however, the servant man was suddenly scared nearly out of his senses, thinking he saw a ghost, when the manly form of the doctor himself rose up between the parting folds of the white drapery of the bed and asked, in a stern voice, what in the name of Jupiter

he was doing lighting up his bedroom at two A.M. The man and his fellow servant waiting outside the door fled precipitately, and it was only on the following day the doctor learned the truth and the shameless trick which had been played on him by this dishonest and revengeful hotel servant. Naturally the doctor was greatly annoyed, but like a wise man he passed over in silence the affront which it would have been unworthy of his dignity to notice.

As for the cabby, cab and drunken occupant, it rolled away over the jolting stones, and the last word heard was—well, an unscriptural and uncharitable expression referring to the eyes and limbs of that hotel concierge.

Yours very faithfully,

J. G. MIDDLETON, M.D.,
Docteur de la Faculté de Paris,

8 Rue des Capucines, Paris.

CAN DIPHTHERITIC ANTITOXINES BE OBTAINED WITHOUT THE INOCULATION OF ANIMALS?

Editors MEDICAL TIMES:

As your readers are aware, the treatment for diphtheria which is put forth from Koch's laboratory in Berlin, and which the Board of Health is endeavoring to introduce on a large scale in this city, consists in the employment of *antitoxines, i. e.*, the blood of animals that have been inoculated with the Loeffler-bacillus, and have thus acquired a tolerance of its effects. "By this method," says Dr. Cyrus Edson, "it is apparently possible to protect all persons from from the contraction of diphtheria when they have been exposed to and infected by the disease, if the symptoms have not yet appeared, and also to cure nearly one hundred per cent. when patients are treated in the early stages. Unfortunately, however, for the rapid and general use of this substance for the treatment of diphtheria, its production requires the constant surveillance of skilled and trained men. A comparatively long period is necessary to render animals impervious to the disease, so that their blood can be employed for the treatment. When thus rendered impervious, these animals can furnish, as a rule, only sufficient blood to treat a comparatively small number of cases. The production of the substance must, therefore, necessarily be costly, and it can only be produced in sufficient quantities and placed at the disposal of poor people by municipal and State sanitary authorities." The cost of establishing and maintaining the diphtheritic treatment on an adequate scale is estimated at \$30,000. It is proposed to have a stable of about sixty animals—horses, cows, sheep and goats. It will take from four to six months to make each animal "ripe," that is, to charge its blood with the bacilli to such a degree that it becomes effective antitoxine. The cost of each dose injected into a diphtheria patient is estimated at one dollar, which practically places it beyond the reach of the poorer classes, who are the principal sufferers from the disease. It follows that if any means could be discovered of procuring the antitoxine without going through the expensive and tedious process of "immunizing" animals, the possible blessings arising from its employment would be far more widely diffused than has been anticipated hitherto by the most sanguine disciple of Koch. If we may credit the *Berliner Klinische Wochenschrift* (1894, No. 30), such a method, based entirely upon chemical principles, has now been devised and successfully carried out by a German investigator, G. A. Smirnow. In his experiments, blood-serum from dogs was first subjected to electrolysis in a V-shaped tube; bubbles of gas were evolved at both electrodes, followed by the appearance of coagulated albumen at the negative pole, where also the liquid acidified and became turbid—effects which were not produced at the positive pole. Upon neutralizing either the acid serum with an alkali, or the alkaline serum with an acid, and injecting 1 cc. of this fluid into the veins of a rabbit, the animal's temperature rose considerably. Serum of beef blood similarly treated caused the

same phenomenon. Smirnow furthermore ascertained that merely electrolyzed serum exerted no influence whatever upon the course of different infectious maladies in animals, and this led him to inquire, by means of electrolysis, curative properties as regards certain diseases might not be directly imparted to serum containing the toxins of those diseases, *i. e.*, whether such toxins could not, in this way, be converted into antitoxines. He first made a series of cultures with the Loeffler-bacillus upon normal serum. The resultant toxins were filtered, subjected to electrolysis, neutralized, and employed for the treatment of rabbits that had been infected by bouillon cultures of the same diphtheria bacilli. The outcome was such as to establish, beyond question, the possibility of thus preparing, from serum or albumen cultures, an antitoxine which will cure diphtheria in a rabbit that has been infected artificially with the disease and placed under treatment soon afterward. The same result was subsequently obtained by means of bouillon cultures. Without indulging in any enthusiastic prophecies, Smirnow considers it highly probable that this process may be expected to furnish a much more powerful antitoxine than is afforded by the "immunizing" method, since the electrically-prepared substance has proved curative in the case of rabbits made sick by large quantities of diphtheria poison, as well as when only minimal doses had been employed. Its use in medical practice is attended with the inconvenience that too much of the fluid has to be injected at once, as it cannot be condensed without separating its albuminous constituents. In human beings, moreover, diphtheria arises from a mixed infection, and therefore requires a more extended treatment than when communicated to the lower animals by bacillary cultures. It is hoped that the author's future researches will throw a clearer light upon the whole subject.

GEO. L. FREEMAN.

THE LIFE OF EPHRAIM McDOWELL, AS TOLD BY HIS GRANDDAUGHTER.*

In these days of many books and the many facilities for writing books, the public has a right to demand, and especially a professional public, that the author should have certain qualifications necessary for his task, and should attain a certain level of excellence. We fear that the book before us falls far short of what we have a right to expect and what the subject of the book demands.

Medical biographies may be made very fascinating books, and we have in mind a number of them which have given us much pleasure. There is a life of Sir James Young Simpson, by Dr. Dunn, of Edinburgh, an admirable book in every way, and written by a scholar. Velpeau, John Hunter, Wm. Harvey, Gross, have all had their biographers worthy of the name. These books, apart from their information, have a good influence in reflecting personalities which have influenced their world and time. The mere fact of being the granddaughter of Ephraim McDowell in no way fitted the authoress for her task.

There was sufficient material in this case to write an interesting biography, probably not so large a book as we have had given us for the sum of five dollars, but at least a readable book, and one worthy of a place in a good library. Were it really worth the time, we could point out much that is very objectionable in the style and arrangement of this book. The arrangement of the chapters and the subject matter could not be worse, and to fill up half the book with portraits and sketches of prominent gynecologists, evidently to make the book a

* "The Biography of Ephraim McDowell, M.D., the Father of Ovariotomy." By his granddaughter, Mrs. Mary T. Valentine (Mary Young Ridenbaugh). Together with Valuable Scientific Treatises and Articles Relating to Ovariotomy, and Sketches of Lives of Eminent Members of the Medical Profession in America. Published by the Author. 1894. Philadelphia.

certain size, shows the absolute unfitness of the authoress for the task she has undertaken. The book reminds us of the histories of the different cities in the United States which it is now the fashion to get up, embellished by the portraits of the prosperous business men who have had the money to pay for a steel engraving, and the accompanying sketch written in circus bill English. This is an Americanism that we may well do without.

We have in mind a much smaller book, a scholarly book, giving us a picture of the great surgeon and the time in which he lived, and the influence of the man upon his profession, and we are irritated by what has been done for us here. Ephraim McDowell deserved something better.

E. R. CORSON, M.D.

A SIMPLE CURE FOR HICCOUGH.

To the Editors of the NEW YORK MEDICAL TIMES:

*Apr*opos of "A Simple Cure for Hiccough" in your October issue, I would offer another "cure" of a somewhat similar character. The patient should first exhale and then inhale of *pure* air, to the full capacity of his lungs; now let him retain this air as long as he can without decided distress, and then slowly empty his lungs, and again slowly and deeply inhale as before, and so continue to inspire and expire, making the interval as long as possible between the acts of inspiration and expiration. I have never known this simple expedient to fail in relieving an attack of ordinary hiccough.

Of course, when hiccough is complicated or associated with serious organic disease, we would not expect this or any other remedy to produce a cure, or anything more than perhaps a temporary relief. It seems probable that these cures, together with the time honored and popular ones of drinking nine swallows of cold water without breathing, and of suddenly startling the patient, may all be explained upon the theory that by their aid we act indirectly upon the nervous mechanism of the diaphragm, thus giving it a rest by means of which its equilibrium is more or less promptly restored.

W. F. MORGAN, M.D.

Leavenworth, Kansas, October 11, 1894.

SOCIETY REPORTS.

REPORT OF COMMITTEE ON HYGIENE TO THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

To the Medical Society of the County of New York.

NEW YORK, Oct. 22, 1894.

The committee on hygiene begs to report that during the past year it has devoted its attention largely to following the lines laid down in previous reports.

Nearly all the dispensaries of the city have been visited by different members of the committee to ascertain whether communicable diseases are properly isolated. The result has been the finding of some improvement in some institutions, but in some of the larger ones there is still great lack of care, children being permitted to sit in a general waiting-room for an indefinite time where they are liable to have or to contract a contagious disease.

It is to be hoped that this report may meet the eyes of persons responsible for such inexcusable neglect. The remedy has been pointed out before; that all persons applying for treatment be met at the dispensary door by one competent to diagnose contagious disease and by him directed as to the proper course to be pursued in order to prevent needless exposure.

It appears to the committee that too little credit is given to the Board of Education and its excellent rules and regulations for the prevention of the spread of contagious disease.

Were it not that unvaccinated children are prevented from attending school there would be a very large number of children unprotected by vaccination who are now vaccinated and revaccinated at proper intervals. In fact,

their regulations constitute the only compulsory vaccination law we have. The rules of the Board of Education regarding the readmission of pupils who have been ill with contagious disease, or of pupils belonging to same family or living in same house or institution where contagious disease has existed, are also most commendable.

The subject of tuberculous animals continues to agitate the minds of sanitarians. The injection of Koch's Tuberculin is proving a most valuable diagnostic agent. In England during the past year, of the many cattle slaughtered which were supposed to have pleuro-pneumonia, twelve per cent. were found to have tuberculosis.

The danger of drinking the milk of tuberculous cows is imminent, and too much thought or labor cannot be given to this subject. The legislature should make an especial appropriation to enable a careful inspection of every cow in the state, to be made with a view of killing all that are diseased.

The sanitary education of the tenement-house population of the lower stratum, is a subject that should receive attention.

Unfortunately, the ambition of house keepers of the lower class—if they have any ambition at all—is to have a carpet on the floor, and often such a carpet. There is scarcely need of submitting its fibers to a microscope to discover the swarms of bacteria that inhabit it. The banishment of carpets from the floors of this class of tenements would be a long step onward in the march toward sanitary perfection.

The danger of permitting house-flies to come in contact with food prepared for human consumption is attracting attention.

Experiments have proven that the bacilli of cholera may be carried by them and deposited upon whatever they may light.

Many so-called sporadic cases of disease may be caused by the conveyance of germs by these omnipresent carriers. Who can tell whence comes the harmless-looking fly which sails in at the open window, and what germs of disease it may bear?

What is there to prevent a fly from coming direct from the body of a small-pox patient with a supply of unattenuated virus upon its tiny legs?

To escape the possibility of being considered fanciful, the story is told of a man who, while fishing, was bitten on his face by a fly which had been feeding upon carrion on the bank of the lake. An attack of facial erysipelas supervened, necessitating several weeks' stay in hospital. The accident insurance company in which he was insured recognized the source of the accident and paid the claim for compensation.

The danger of the communication of disease by means of the common communion cup was, it is believed, first pointed out in last years' report of this committee, and since the publication of that report, several means have been proposed and adopted by certain congregations, notably in Rochester, whereby such danger may be averted. The use of individual cups appears to be the more feasible plan. That this source of danger is real and not fanciful, every physician of experience must know. It is said that on one occasion during the past summer 2,500 persons partook of the communion service at a nearby camp-meeting. If all the persons whose lips came in contact with the cups were free from communicable disease, it was indeed a remarkable assemblage. If our venerated specialists were called upon to testify as to the danger or safety of the common communion cup, it seems certain that the verdict would be one of condemnation of the custom.

Akin to this topic, is the custom of kissing the Bible upon taking oath. A physician of this city in a letter to the press states that he is cognizant of a case in which a man contracted syphilis as a result of kissing a Bible previously kissed by a syphilitic. That Bible is probably still doing duty in a district court. If Bibles must be used for this purpose they should at least be covered with a good thick quality of iodoform gauze.

There has been no change in the methods adopted by the Department of street cleaning whereby we have cleaner streets or better service in the way of collecting ashes and garbage.

It continues to be necessary to employ private ashmen if a householder wants the house refuse removed with any degree of care or punctuality, for the carts of the street cleaning department come irregularly; the drivers take the receptacles only when they have been left in the area—where they may have been for hours—and when they have emptied them, they are slammed on the sidewalk and left there until observed and brought in. The carts are often filled to overflowing, the surplus being dropped in the street or blown off by the wind. The portion that arrives at the "dump" is either carried not to, but toward the sea and dumped to contribute to the filling up of the mouth of the harbor or to the defilement of neighboring shores. During the past summer, dumping of ashes and garbage at Rikers Island was carried on, but in such a manner that a great nuisance was created. As stated in last year's report, the remedy lies in the separate collection of ashes and garbage and the cremation of the garbage. It is devoutly to be hoped that the Garbage Commission recently appointed may be successful in proposing and carrying out an expedient plan whereby an alleged "Storm at Sea" may not afford a convenient excuse for failure to clean streets and remove ashes and garbage.

Respectfully submitted,

[Signed] W. A. EWING, *Chairman*. H. J. BOLDT,
J. G. BISSELL. EDWARD N. LEILL,
THEO. K. TUTHILL.

FRENCH MEDICAL SOCIETIES.

(Translated by Jas. A. Carmichael, M.D.)

THE FRENCH CONGRESS OF ASSOCIATIONS FOR THE ADVANCEMENT OF SCIENCE.

Ozone From a Physiological and Therapeutic Point of View.—MM. Labbé and Oudin, Paris: MM. Desnos, Hérad and Labadie Lagrase have demonstrated the harmlessness of ozone prepared by means of an apparatus free from foreign products and administered in the dose of one-tenth of a milligramme in a litre of air. The ozone acts upon the blood and the nutrition by increasing the proportion of oxyhemoglobine, as may be proved by the hemato-spectroscope of M. Henocque. Following an inhalation of ozone of 10°, this increase appears to be constant. At the same time there exists an increase of red globules, a diminution of white globules and an increase in the weight of the patient after a certain period of treatment. The ozone is antiseptic. It destroys microbes in a liquid culture, but if it be solid, the microbe will resist the ozone, because of the interposed coagulum. M. Cheron remarked that, in the researches of M. Labbé, the action of the ozone, being immediate, is purely dynamic. A great number of excitants, indeed any excitant, such as fluorhydric acid, for example, elevates the arterial tension and increases the number of red globules. It is so with dry friction, subcutaneous irritants and the hypodermic injection of any liquid.

MM. Hallopeau and Jacquinot have been especially interested in establishing the relation existing between the appearance of the eruption in a case of intense dermatographism and the production of abnormal sensations. The latter are entirely subordinated to the former, the eruption beginning to appear under tactile impression before the painful sensations manifest themselves. These are in evident relation with the disturbance of the circulation, which is the immediate cause of the eruption. It is not, then, by provoking special sensations that different agents determine urticaria. On the contrary, these latter result from the eruption, and are not the cause but the effect. MM. Hallopeau and Jacquinot moreover proved that dermatographism is not necessarily of toxic origin.

M. Batuand proposed a new method for facilitating the manual reduction of uterine retro deviations. In certain retroversions manual replacement is very laborious, whether they are adherent or not. But in some the elongated uterus, more or less flaccid in its middle portion, is so flexible at the upper part of the isthmus, that pressure exercised on the accessible portion of the cervix is not transmitted to the body, which remains firmly fixed and immovable. In such cases the employment of an intra-uterine sound, enveloped in lint and kept in place by a special forceps, is sufficient to keep the uterus rigid throughout, and renders manual reduction easy. The method is simple and without danger.

Visceral Ptosis and the Recumbent Position.—Abdominal Massage in This Position.—M. Cheron: Enteroptosis, dilatation of the stomach and depression of the uterus without prolapsus, are the morbid phenomena which spring from a cause common to all visceral ptoses, viz. the nervous depression which produces a diminution of the muscular tone, and of the elasticity of all the suspensory ligaments of the viscera. With the decubitus, and the practice of abdominal massage in this position, in a very short time the viscera return to their normal situation, and the dilatation and morbid chemical action of the stomach are soon modified. They promptly render useless the use of the belt, the severe regimen and the frequent use of laxatives. In some cases the employment of these means does away with the use of the bandage when it has ceased to render service, especially if the patient takes the precaution to replace it before quitting the horizontal position in the morning on rising from bed. The uterus, depressed without actual prolapsus, treated in this way in women who have not yet reached the menopause and whose visceraptosis is only partial, is relieved, and voluntarily recovers the action of its suspensory ligaments, which permits the abandonment of the pessary, now become useless.

Treatment of Insomnia.—M. Maurice de Fleury: In all cases of insomnia which is not produced by acute pain or the direct physical irritation of a tumor or meningitis upon the cortex of the brain, it is possible to substitute for hypnotic remedies a dynamic treatment, which would be both effectual and without inconvenience. The experience of the effects of arterial pressure in patients affected with insomnia, demonstrates the fact that this pathological phenomenon coincides with either a marked hypertension or excessive hypotension. Without resorting to drugs, and by the employment of simple physical processes, it is easy, in the great majority of cases, to restore the normal tension, and, at the same time, produce sleep. It is nearly always useful to add to the physiological treatment a psychological also. In the neurasthenic, we know how frequent and distressing insomnia is in Beard's disease. I prescribe no more hypnotic remedies, not even the mildest. I am content to call the attention of my patients to the use of dry frictions and the injections of serum, after which make them accustom themselves to a methodical habit of sleeping. Those among my professional brethren who desire to make use of the means I have suggested, will, I am sure, be soon convinced, as I am, that the treatment of insomnia is by a curative hygiene rather than by therapeutic medication.

A Case of Pulmonary Orchitis.—M. Prioleau (de Brice): It is probable that the number of manifestations due to the pneumococcus may be as great as that of our tissues. In an old man, who had absolutely had no old nor recent genital disease, I observed a suppurating testicular orchitis a few days after an attack of pneumonia from which he was recovering. The bacteriological examination of the pus, made with marrow and cultures, detected Talamon Fraenkel's pneumococcus, but the inoculations of a mouse were negative. M. Cazin said that he did not feel sure that it was the micrococcus of Fraenkel, as the cultures had continued to be negative.

Upon the Diseases of Hypernutrition.—M. Rey-Pailhade, of Toulouse: Oxygen is essential to the cell. It is fixed by the internal parts of the cell. It is the phyliton, of

which the author, last year, made a profound study, which combines with the oxygen.

Pathogenesis and Treatment of Diphtheria.—M. Guelpa, of Paris, from his investigations has reached the following conclusions: Diphtheria is a contagious and inoculable disease. It is determined by the bacillus of Kleb, more or less associated with other pathogenic microorganisms, especially the streptococcus. The mucosities of the mouth and the air passages are the real fluids in which these microbes pullulate, and secrete their poisons. The false membranes, instead of being the area of culture of the specific pathogenic elements, as is generally believed, is the true obstacle, the barrier, opposed to their invasion of the organism. In the treatment of diphtheria, it is necessary to renounce the more or less barbarous destruction of the false membrane. On the contrary, its integrity should be rigidly respected, and our energies directed against the pathogenic element in which it grows, to wit, the saliva and the mucous secretions of the air passages. When the diphtheria is simple, that is to say, due almost exclusively to the bacillus of Kleb, abundant cleansing with warm and very dilute antiseptic solutions form the basis of therapeutic action, and are nearly always sufficient. When diphtheria, because of microbic association, especially streptococci, takes on a grave form, the same antiseptic cleansing is still indispensable, but it becomes necessary to add the internal administration of the iodide of potassium and endoamalgam—within the tonsils—injections of Van Swieten's liquor, with the view of modifying the osmotic condition of the mucous membrane, and of preventing septicemia as much as possible. Serotherapy, as advised to-day, fails in its usefulness, and can exercise no really efficacious action upon diphtheria. In croup, as soon as the diagnosis is assured, tracheotomy should be practiced immediately, or the establishment, by means of a trocar, of a drain in the trachea, in order to dilute and evacuate the mucus containing the pathogenic element, by irrigation of the air passages. In order to make these irrigations useful and without danger, the head of the patient must be held down. Croupal bronchopneumonia certainly has, as its most important cause, the accumulation in the air passages of mucus charged with specific agents, following the destruction of the loose fibres and vibratile cilia of the mucous membrane. To diminish the dangers of this formidable complication, the patient should lie constantly with the head very much depressed.

M. Hallopeau: Diphtheria is evidently associated with the abundance of the false membranes. The most active treatment is the action of sublimate.

Of Sanguineous and Lymphatic Capillaries.—M. Nereu has already signalized the lesions of the blood capillaries in epithelial cancer. He described these lesions in the suspected zone in cancer of the breast. The endothelium, hypertrophied at first, then hyperplastic, prevents the red globules from passing into the capillaries, and the proliferation is so excessive that the vascular cavity becomes filled with pericapillary endothelium. It is necessary to distinguish these two formations one from the other, under the names of intracapillary and pericapillary endothelium.

The Nature and Pathology of Bérubéri.—M. Nereu investigated the facts of a case of bérubéri furnished him by Dr. Clonard. From an anatomical point of view, bérubéri is an infectious lesion consisting of a granulo-fatty degeneracy of the cells of the liver, the kidney, the muscular fibres of the heart and the myeline of certain nerves. The poison acts by producing an enormous mass of young cells in the conjunctive tissues of the principal organs, especially the liver and spinal marrow. It also produces a leucocytic kariokinesis. From a pathogenic point of view, bérubéri seems to be due to the bacillus beribericus, the existence of which appears to be more and more certain. Inoculation gives positive results which assimilate this disease to the infectious maladies. It is, then, a general affection, of a hydropic or spinal type, accordingly as the

liver, the heart or the spinal marrow are more or less affected.

Prolonged Pregnancy.—M. Noury-de-Caen: Few authors admit the reality of the physiological prolongation of pregnancy beyond the normal term, as it is considered. The majority of accoucheurs agree with M. Tarnier, who holds that prolonged pregnancy is always an indication of one of the three following conditions: 1. The retention of the dead foetus in utero; 2. A uterine tumor causing an obstacle to delivery; 3. Extra-uterine pregnancy. Prolonged pregnancy may present very different degrees. The author cited five observations, three of them personal, of prolonged pregnancy. The facts observed in the human species are corroborated by veterinary experience of the bovine. The conclusion is that a prolonged physiological pregnancy, that is to say, apart from any pathological condition, with no maternal or foetal malformation, is observed in the human species, as well as in other of the animal species. There are different degrees in prolonged pregnancy, but it is impossible to estimate them positively. However, the facts are in accordance with the regulations of the civil code, and justify the prudence of the legislator when he says that "the legitimacy of children born three hundred days after the dissolution of marriage could be contested."

Syphilis Without Chancre.—M. Cordier de Lyon made a communication upon chancreless syphilis. He believes that in some cases, the syphilitic chancre may be wanting the secondary effects being the first sign of the disease.

M. Barbe reported a case of premycosic scarlatiniform-erythroderma in a cancerous woman. She was attacked with epithelioma of the breast, which was removed. Four years thereafter there appeared a swelling over the first portion of the sternum, followed by erythematous patches on the back, which became general. There was no ulceration nor desquamation. The patient finally succumbed to the extension of the sternal epithelioma to the mediastinum. There was no trace of a mycosic tumor, nevertheless the only diagnosis possible was that of mycosic erythroderma. The appearance of such eruptions in the course of cancer has not heretofore been reported.

M. Gémy, of Algeria, made a communication upon the true leprosy of Kabyl. This disease has not, as yet, been clearly and scientifically proved as existing among the natives of our possessions in the north of Africa. M. Leloir, in the chart which he made of the geographical distribution of leprosy, a chart which accompanies his treatise upon this subject, leaves Algeria in white, the rose tints indicating the leprosy localities. The author relates an extended experience of a Kabyle affected with genuine nervous leprosy, and diagnosed as such by M. Leloir himself. This conclusion is all the more important, according to the author, as it justifies the suspicion of the existence of the tubercular form in the same natives, which, without doubt, has often been confounded, probably by the author himself, with the tubercular manifestations of syphilis.

MM. Etienne and Ganzinotti related an experience of malignant hereditary syphilis occurring in a young girl of twenty-five years.

Syphilitic Pleurisy.—M. Brouse, of Montpellier, made a report upon the above disease. From numerous facts, it is known that a pleurisy caused by syphilitic infection may occur in the course of the secondary period, especially at its beginning. M. Chaumesse called it pleurisy of the roseola stage. I propose the more comprehensive name of syphilitic pleurisy of the secondary period. It has not the marked characteristic and is usually recognized by its appearance in the course of an exanthemic eruption by the absence of rigors, the slight fever, by successive exacerbations upon its full evolution, but especially by the efficacy of specific treatment. Mixed treatment is more effective than the exclusive employment of mercury or iodine.

(To be continued.)

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hiss, M. D., Fellow of the Academy of Medicine, New York.

Oxalic Acid As An Emmenagogue.—Dr. Homer C. Bloom, instructor in gynecology in the Philadelphia Polyclinic, reports in the *Medical News* a number of cases of amenorrhœa, in which prompt cure was effected by the administration of oxalic acid. He administers the drug in doses of one-fourth grain, four times a day, giving it in a mixture of water and syrup of lemon. Out of twelve cases in which the amenorrhœa had existed from six months to three years, there were two failures, and in both of these there was evident pulmonary disease. In several cases he found it to possess decided ecboic properties.

Opium Smoking for Retention of Urine.—Dr. Louis Lewis some years ago recorded, in the *Medical World*, the employment of opium smoking for retention of urine, with signal success. Recently he has had occasion to return to this treatment in the case of an old man suffering retention of forty hours' duration, due to prolonged debauch. He was unable to use a catheter. The man had a tight stricture, an enlarged prostate, and was in imminent risk of rupturing the urethra. The opium pipe apparently saved him from a critical operation.

Citric Acid in the Treatment of Whooping Cough.—Prof. Moncorvo (*Arch. de Gynecopatia, Obstetricia, Pediatría*, No. 4, 1894), concludes a work on the employment of citric acid in whooping cough as follows:

1. The experience of the laboratory has been confirmed by that of the clinic.
2. Citric acid exercises a decided action upon the germ of whooping cough.
3. It may be used with success as a prophylactic, either in strong lemonades or as the juice of lemons.

Vinegar as a Remedy Against Vomiting After Chloroform Narcosis.—Immediately after having performed the operation and placed the patient in bed, Warham (*Hygiea*, Lv. 10, pp. 321-322, Stockholm, 1893), applies a handkerchief moistened with vinegar in front of the nose, letting it remain there until the patient returns to consciousness, or longer if it agrees well with him. Of thirty cases experimented upon by the author, the majority were benefited. In most of them the effect was absolute. In two cases the remedy did not succeed; one of these was an alcoholist. The patient should also have a small vial, filled with vinegar, standing at his bedside, to smell as the demand arises.

Carbolic Acid Hypodermically for Erysipelas.—Dr. Gaston reports in the *Medical and Surgical Reporter* that he has for twenty years employed this drug in the various forms of erysipelas with invariably good effect in promptly arresting the progress of the disease. He employs the following formula:

Carbolic acid.....f ʒ ii.
Glycerin.....f ʒ iii.
Distilled water.....f ʒ iv.

Mix and inject one syringeful in each portion of the size of a hand daily.

With this, local irritation has resulted from the injections in only a few cases. Where the thickened and hardened condition of the skin has rendered it difficult to introduce the needle, he has selected points on the border of the inflammation to make the injection, so as to reach the areolar tissue beneath.

On one occasion a toxic influence was manifested, but

he has repeatedly used a syringeful of the solution in four different places without any untoward effect. It is proper to repeat the injections daily for three days, but he has never had occasion to continue the treatment longer.

Antipyrin in Epistaxis.—According to Dr. Eccles, in the *Popular Science News*, none of the many methods adopted for checking severe hemorrhage of the nose gives as good results as an injection of a solution of antipyrin containing twenty grains to an ounce of water. "In a very large number of cases," he says, "it has never failed to act promptly and successfully." Most hemostatic methods smother the patient with a plug or clot. This leaves him in comfort with freedom to breathe normally. Our experience bears out Dr. Eccles' statement.

Hydrochlorate of Chalk for Pruritus Ani.—Take (*Sem. Méd.*) a piece of cotton gauze two or three centimetres long, which has been moistened with a solution of hydrochlorate of chalk, two to the hundred. Push up the anus and leave in place until sharp smarting commences. Then remove it and wipe surface of anus dry. Itching immediately ceases. If it should return, employ the same proceeding. It appears that this solution simultaneously clears up all the eczematous patches about the anus and scrotum, a condition so generally concomitant with an anal itch.

Mentha Pip. in the Treatment of Pulmonary Tuberculosis.—Carasso, of Genoa, now gives full particulars of his method of treating tuberculosis pulmonalis (*Cent. F. Bakter. U. Parasitenk.*, Bd. XV., No. 25, and Bd. XVI., No. 1, 1894.)

The author believes that *mentha* exerts a direct bactericidal action upon the bacilli in the respiratory tract, and that, by absorption into the circulation, it acts as a general disinfectant. Creosote acts beneficially in pulmonary tuberculosis by increasing the appetite and favoring nutrition. It also possesses some action on the secondary inflammatory exudates, favoring their absorption.

Carasso's method of treatment is, in detail, as follows: A piece of linen cloth, ten centimeters square, is folded to make a pad, five centimeters by two centimeters. By means of tapes this pad is secured in contact with nostrils. The tapes may be tied around the head, about the ears, or to the frames of a pair of spectacles. The pad is to be worn day and night, and only to be removed at meal times. In the case of patients with out-door occupations, who object to wearing this inhaler for cosmetic reasons, a quill toothpick, or a cigarette-holder may be stuffed with cotton and after saturation with the mint essence may be used as mouth inhalers. The inhaling pad is to be moistened with five or six drops of peppermint essence, four or five times a day. The nostrils are to be greased with vaseline for the first few days to prevent irritation. The patient is instructed to take eight or ten deep inspirations with closed mouth; retaining the air as long as possible. After ten or fifteen minutes' rest, this procedure is repeated, and so on through the day. In case difficulty is experienced in keeping the pads in position at night, the bed pillow may be impregnated with ten or fifteen drops of the mint essence.

The following mixture is given internally:

Creosote pure (beechwood)..... 8.0
Alcohol..... 550.0
Glycerin..... 250.0
Chloroform..... 20.0
Essentiæ menthæ..... 8.0

A teaspoonful every three hours, in a half-glassful of water.

In certain cases the mixture may be further diluted with sweetened water, or the dose may be reduced. The nutrition is favored by the method of over-feeding. Two or three liters of sterilized or boiled milk are given daily; together with plenty of meat, cooked to taste; and with the addition of 400 or 500 grams of good wine.

All hygienic precautions are to be observed. The patients are instructed to carefully disinfect their expectoration, thus preventing reinfection.

The remarkable feature of Carasso's communication is the clinical report of the cases subjected to this treatment. In all cases the physical diagnosis was confirmed by finding the tubercle bacilli in the sputum. A careful weekly record was kept of each case, involving a complete physical examination. Many of the cases were well advanced in the disease, though no record is made of cases in which the lung destruction had advanced to the formation of cavities recognizable by physical examination.

In all, forty-four cases are recorded. Of these there were six deaths, and thirty-eight recoveries. Of the fatal cases, five were subjected to autopsy, and four exhibited either general miliary tuberculosis, or intestinal and peritoneal tuberculosis, along with the lung disease. In one fatal case, the patient after once having the disease subdued, returned to her poor surroundings, and suffered a fatal relapse without again submitting to treatment. In another case of well advanced phthisis the patient died of capillary bronchitis soon after the beginning of the treatment.

From his record it appears that every case of primary pulmonary tuberculosis, treated by the inhalation method of Carasso's recovered; and that the fatal cases, with two exceptions, were ones in which secondary tubercular lesions produced death. The average duration of the treatment in these cases was sixty days.

The regularity of the improvement in these recorded cases is striking. The fever, cough and night-sweats rapidly diminished and ultimately disappeared. The bacilli in the sputum began to diminish in ten days, and all disappeared in sixty days; while the expectoration became first mucoid and finally ceased. The weakness, loss of appetite, and emaciation rapidly improved; the recovery in all the recorded cases seems to have been permanent.

The simplicity and harmlessness of this treatment of Carasso, together with the remarkably successful outcome of his cases, recommends the method for a thorough and systematic clinical test.

RETROSPECTIVE DIETETICS.

Effect of Spices on the Digestion.—This has been investigated by Gottlieb (*Wr. Med. Bl.*), who found that pungent substances, by irritating the gastric mucous membrane, acted reflexly as powerful stimulants of the pancreatic secretion. He introduced a canula into the pancreas of a rabbit, so as not to interfere with the secretory process, and was thus enabled to observe for hours at a time, the continuous and regular separation of pancreatic juice. When small quantities of powdered mustard and of extract of pepper were injected into the stomach, the pancreatic secretion was seen to increase three or four fold in a few minutes. It contained a somewhat larger proportion of water than the normal fluid, but possesses the same digestive properties. Similar results were produced by alkaline carbonates and dilute acids.

Dietary for Children.—(*Med. Record*). A thin sandwich of stale bread with scraped beef and a glass of milk is a good breakfast for a babe of two or three years of age. A dish of plain meat-soup with baked potatoes, a boiled vegetable, and bread, will be his dinner at noon. By three o'clock he will want crackers and milk. At six o'clock a cup of custard, or bread and butter with milk, should be the last meal of the day.

Physiologists say that children absorb three or four times as much carbon per pound weight as adults. This accounts for their eating so out of proportion to their weight compared with their parents.

At two years of age, or thereabout, the child has his twenty deciduous teeth. He can eat all plain food of a proper table, and thinks he should have everything he sees. He should not be allowed even tastes of unsuitable articles, only such food as is to form his diet. All fried

food is difficult to digest. Re-cooked meats are improper. All so-called rich food is interdicted, as the system is not strong enough to wrestle with foreign substances or excess of natural diet.

During the second year fruit is admissible. Scraped sweet apples are enjoyed, and digested in one hour and a half. Baked apples in milk with crackers make a good supper. Juice of oranges is good in the morning. Bananas, if very ripe, are rich in sugar and much liked by the little ones. When green or unripe, bananas are largely starch. If eaten too green and too rapidly by too young a child it is pernicious food, otherwise good.

STIMULANTS.—The testimony of physicians is almost unanimous against alcohol for children in health. The small percentage of sugar or oxidizable materials in wines and beer is more than offset by the injuries to digestion and the nervous system. All the wisest men use stimulants guardedly, even in infantile disease. Tea and coffee have a very considerable value in checking tissue waste, and indirectly supplying nitrogenous matter and salts; but these virtues are entirely counterbalanced by the ill effects of tannin and caffeine; the one causing colic, etc., the other making the child nervous, fretful and peevish. Still the children of the poor consume great quantities of both. The millionaire's pet and the laborer's youngster start with the same anatomy, but are rarely reared on the same diet.

In arranging a dietary regard must be had for season, cold or hot climate, sluggish or active temperament of the child, etc. The exact weight or exact age of the child is not a proper criterion. Two atoms of hydrogen unite with one of oxygen to form a molecule of water; but you cannot be sure that a given number of grains of nitrogen will produce a definite number of foot-pounds of force, or that so much sugar will produce so many heat units. It is often forgotten that the child needs a large amount of water, even if his diet be chiefly fluid.

At the sixth or seventh year, when the deciduous teeth fall, the child must be urged to chew his food thoroughly. If he begins to attend school, that will form an excuse for bolting meals.

Still later, at puberty, unusually rich or highly spiced food should be withheld, lest it increase sexual excitement in the immature.

Bring up the child from the beginning to eat slowly, and at regular times as much as he wants. The rules of time and quantity will be on a sliding scale in different families. In feeding infants, as in the whole practice of medicine, we must fix the principles and prescribe with common sense, according to the case in hand.

The Dietetic Treatment of Phthisis.—Attention has recently been called again to this subject by a paper read before the Association of the Bellevue Hospital Alumni, by H. P. Loomis, M.D.

The principal importance of the paper lies in its insistence upon system, and regulated diet. We are too apt to deal in generalities, and think we have done enough when we order nutritious diet, and ask in a general way about the appetite and digestion, unless our attention is called to some special derangement. We have long preached the gospel of fat, and have insisted that the scales are an important instrument of precision for detecting the rate of progress forward or backward, not only in the treatment of this disease, but in the general oversight of our patient. A loss of weight is always a suspicious sign and should arouse our attention at once.

The paper referred to divides consumptives into three distinct classes as regards their digestive powers.

1. Those in whom the digestion and appetite are unaffected.
2. Those in whom gastric disturbance has begun, and those up to the time that the stomach refuses solid food. "During this time septic infection is more or less constant, the fever intermittent, and the loss of flesh gradually progressive."
3. Those who can no longer take solid food without digestive disturbances.

The diet should be made to vary according to these stages. As soon as the disease is recognized, systematic dieting should be commenced, and forced feeding (six meals a day) is demanded; meat in large quantities, milk, eggs, and fat should form the main articles, with no restriction on vegetables. Cod liver oil as a food should be taken if possible, and the hypophosphites.

In the second digestive stage the main object is to render the diet palatable and the food should generally be given finely subdivided. Porter or ale with the lunch may be of benefit. Cough mixtures, on account of the syrups and narcotics they contain, should be avoided. Cod liver oil is particularly useful at this time. Digestive ferments to aid assimilation will have to come into use.

For a catarrhal condition of the intestines, the systematic drinking of a half pint of hot water before meals will prove beneficial.

In the third stage all we can hope for is to prolong life in as great comfort as possible. The patient should be fed often in small quantities. Artificially digested preparations will now be called for. Stimulants in small quantities frequently (every four hours) repeated are of great benefit. Any cravings, and they are in some cases frequent and many, should be gratified. Feeding through a stomach-tube is applicable in most cases, but will be used only in exceptional ones.

Of all the various methods of treatment of this dread disease, none seems to be so logical, none to hold out such prospects of success if adopted early, as forced feeding. It seems to be more in accord with the clinical observations that failure of digestion and assimilation are the immediate precursors of the more marked symptoms of the disease, and that these latter yield more rapidly to measures and remedies that restore the appetite and increase nutrition, than to any others; an increase in weight being invariably attended with a subsidence of the more serious symptoms of the lung trouble itself.

The long continued immunity of some, predisposed by heredity to phthisis, and their sudden succumbing to its attack after a weakening of their powers of digestion and assimilation from other causes, further confirms the rationale of this mode of treatment, which in its rigidly enforced requirements deserves more general adoption.

The Microbes of Bread.—Fresh bread, uncut, is free from microbes, the heat of the baking being sufficient to kill them. But immediately the bread has been cut and exposed to the air it offers to germs of every kind, and especially pathopine ones, an excellent culture medium.

White bread offers a better soil than black bread or rye bread, in consequence of its lesser amount of acidity.

It is a singular fact that if the bread is sterilized by an exposure of fifteen minutes to a temperature of 115 degrees C., the vitality of germs is increased, which is explained by the fact that the heat causes a diminished amount of acidity in the bread, which thus becomes a more favorable soil or medium.

Diet in Typhoid Fever.—Dr. W. H. B. Atkins gives this experience in the *Medical and Surgical Reporter*: He says the dietary which he has found most satisfactory, and which has been allowed to his last thirty-five cases of enteric fever in private and hospital practice, has been almost uniformly the same, but governed by the feelings and wishes of the patient to a certain extent.

For breakfast, if desired by the patient: A lightly boiled, scrambled or poached egg, with a little bread and butter, milk in quantities agreeable to the patient, with broths clear or thickened, such as oyster, chicken, mutton or vegetable. At intervals during the day a choice of bread and butter, bread with meat gravy, strained rice or sago pudding, custard, junket, milk toast, oysters or biscuits with a little wine. Patients are not given more than two eggs and eight ounces of bread in the twenty-four hours.

The thirst may be quenched with pure spring water or pure mineral waters. Various other fluids are also al-

lowed, such as barley water, egg albumen water, lemonade, koumiss, buttermilk, cocoa, tea and coffee.

This diet has not in any case unfavorably influenced the temperature or prolonged the duration of its elevation, and it may be given at any stage of the disease.

The results have been uniformly satisfactory. When on the dietary the patients appear more contented. There is less tendency to nausea and gastric disturbances, less tympanites, and the diet being mixed and somewhat the same as used in health, the bowels are much less constipated than when patients are nourished on milk alone.

Infant Feeding.—An infant should double its weight in six months, and treble it in a year, if its nutrition is in every way satisfactory. The weighing and measuring should be conducted monthly, and the practical point is this: If a child does not increase at the rate of one pound a month during the first year of life, and twelve ounces a month during the second year, its nutrition is not satisfactory. If a child does not grow nearly three-quarters of an inch every month during the first year of life, and half an inch a month during the second year of life, it is not satisfactory. The latter is, of course, not of the same importance as the former. A nurse should cease nursing if the result does not come near to this proportion with regard to increase of weight. Clearly, premature children would not be so large, though they should increase at the same ratio.

OBITUARY.

SOME men never grow old, and this may be said of Dr. Oliver Wendell Holmes, whose mortal life was as brilliant and full of vigorous thought when he crossed the River of Death, at eighty-five years of age, to the immortal life beyond, as in his youth and riper manhood. Although the author, in early life, of several medical papers, and for many years Professor of Anatomy in Harvard Medical College, all of his reputation was gained outside of his profession, in the world of literature, in which he was one of the most versatile instructors and one of the brightest ornaments. The only medical paper which ever emanated from his pen which created more than a passing notice was his "Homoeopathy and Kindred Delusions," and this less from its logical reasoning, for of that it was entirely destitute, than from his laughable burlesque of the whole subject, in which his satire, his wit and poetic fancy were given full play. As the "Autocrat of the Breakfast Table" and as a poet, his name will go down to posterity as one of the brilliant lights in the literature of the nineteenth century. His wit and poetic ideas often flashed out in his anatomical lectures, clothing with beauty one of the drierest of subjects. No one of his old pupils will forget the expression of his face and the tender reverence of his voice as, standing by the cadaver on the dissecting table, and pointing to the female pelvis, he said: "Gentlemen, this is the triumphal arch under which every candidate for immortality must pass." In the anatomical theatre he was always popular, but more from the light reflected from his literary life than from his ability as a teacher.

DR. S. HANBURY SMITH, who introduced the manufacture of artificial mineral waters in this country, died September 12th, in Brooklyn, at the age of eighty-four years.

THE death of Dr. Bevan, near Raki, Trinidad, August 21st, removed from active usefulness one of the greatest authorities upon leprosy in the world.

DR. OERTEL, whose article on diphtheria, in Zemisen's Encyclopædia, a few years ago, gained him a world-wide reputation, died recently of Asiatic cholera, while making investigations of infected water from the Vistula.

MISCELLANY.

—He who gargles with guaiac will prevent or abort a tonsillitis.

—Pruritus vulvæ may be a symptom of oxyuris vermicularis.

—Valerianate of ether is claimed to be a specific in persistent hiccup.

—Remember that physiological rest is the first principle in the cure of all diseases.

—Glycerine is said to have a decided power in preventing fermentation in the stomach.

—Dentree says, in the majority of cases of tuberculosis, there is an unequal dilation of the pupil.

—Sewing up wounds by an electrical machine is one of the latest advances in surgical technique.

—The Paris Municipal Council has named three streets in that city after Charcot, Trelat and Trousseau.

—Hoffman's anodyne, Dr. Hare says, is the best drug known for the relief of depression from smoking.

—A displaced uterus may cause a violent palpitation, which disappears on the replacement of that viscus.

—Dr. Sanger says he relieves asthma immediately by applying ice pack to the neck over the pneumogastric.

—The placing of alcohol on the free list, it is said, will materially reduce the price of tinctures and cologne.

—An abdominal support is a good adjunct in the treatment of constipation in patients having large abdomens.

—The highest mortality in European cities per 1,000, for August, is St. Petersburg, 62; and the lowest, Swansea, 10.

—Dr. Charles L. Dana declares that five drops every three hours of arbor vitæ relieves the most severe case of cystitis.

—Typhus fever, it is claimed, can now be cured in eight days, by vaccination with the cultivated anti-fever bacillus.

—Functional paralysis may be due to plumbism, mercury, sequelæ of febrile, reflex, hysterical, or rheumatic affections.

—The chin and tongue should be brought forward and upward, and the neck extended slightly backward, during anæsthesia.

—Dr. Charles Kerley claims that antipyrin, one grain every two hours, is a specific in the laryngismus stridulus of children.

—Koch, the great bacteriologist, has placed himself under the care of Father Kneipp, the clerical water-cure practitioner.

—Mrs. Shaw, the whistler, says that one of the best cures for indigestion is whistling for about half an hour after eating.

—The last report of the Registrar-General (England) contains fifty-eight deaths from cowpox and other effects of vaccination.

—Guttman proposes the erection of convenient stations for the thorough disinfection of physicians after they have visited an infectious case.

—In puerperal convulsions, when the spasms are apparently under control, look out for a return of the spasms if the pupil remains contracted.

—Dr. Philip Lonsdale, the surgeon of Admiral Farragut's flagship *Hartford*, during the Civil War, died at Cos Cob, Conn., August 21st, aged seventy-seven years.

—In the French Budget for 1895 is an appropriation of \$15,000 to provide for the organization of chairs of dental surgery in several of the medical schools of that country.

—In removing a placenta from its attachments to the uterus, Dr. Parvin thinks that it is dangerous to pull on the cord during the period that the uterus is contracting.

—It is stated that hereafter the Connecticut State Board of Health will vigorously prosecute irregular medical practitioners, and, if possible, drive them out of the State.

—Ice applied to the external genitals—the scrotum in men, and the labia majora in women—is said to be the best and simplest method for controlling blood spitting and nose bleeding.

—The medical officer of health to the city of London receives a salary of \$7,500, and an additional sum of \$1,000 as analyst; but he is obliged to give his whole time to the duties of the office.

—In the constipation of infants, often the only treatment indicated is massage of the abdomen over the descending colon, once or twice each day, practiced from five to ten minutes each time.

—If carefully administered in parturition, chloroform, says the *Medical Summary*, is always safe, and no woman should be allowed to suffer the terrible throes of childbirth when they can be so easily controlled.

—St. Louis has an electric ambulance—that is to say, a street car fitted with an electric motor, and arranged for the conveyance of the sick or injured. It was put into service September 8th, and will be run to all parts of the city in response to ambulance calls.

—H. H. Warner, of Rochester, he of Safe medicine fame, has gained additional notoriety by an escapade at Monte Carlo, where he played a system, losing all his ready cash and over \$10,000 loaned him to play by the wife of a former employe at Rochester.

—Prof. Brinton says blood in the urine is generally from the kidneys, but if it clots or is bright red in color, then it is not from the kidneys, but may be due to a diseased condition, either of the bladder or of the prostate gland, or to a stricture, or to a urethritis.

—The *Union Medicale* states that the tailor's union, of Gratz, in Styria, has addressed to the Rector Magnificus of the University a request that in future no student shall be accorded the diploma of doctor unless he can show evidence that he has paid his tailor entirely.

—Several correspondents of the *British Medical Journal* have reported instances in which the successive occupants of certain houses have died of cancer. In many cases there was no history of heredity, and often there was no relationship between the persons successively attacked with the disease.

—An English physician, Dr. Wilks, declares that the claim that asparagus is a diuretic is an unaccountable superstition. Books on therapeutics, he says, have simply voiced the common opinion of the masses without questioning its truth. He asserts that his experiments show it to have no diuretic qualities.

—Dr. Pettenkofer has resigned his professorship at the University of Munich. Considerable public comment has been made, as it is understood that the action was brought about by pressure from Berlin, owing to Pettenkofer's opposition to Koch's investigations. Prof. Dr. Hans Buchner has been named as Pettenkofer's successor, with the rank of ordinary professor.

—Strychnia is now considered a specific in uterine hemorrhage. It should be administered in one-sixtieth grain doses three times a day for a period of from four to six weeks before the time of labor, in all cases where there is a history of flooding. It will also prove of value where previous labors have been tardy, owing to irregular and feeble uterine contractions.

—A woman is now living in a home for the aged in Sables d'Olonne, France, who was born in 1790, being, therefore, one hundred and four years of age. She is in full possession of all her faculties, and receives daily a number of visitors, who are attracted by the reports of her extreme age, entertaining them with her lively conversation and witty repartee.